

**THE ADJUSTMENT PROBLEMS AND THEIR COPING
STRATEGIES AMONG ADOLESCENTS RESIDING IN
ORPHANAGES IN SELECTED AREAS AT MADURAI,
TAMILNADU.**

MERIBHA CHRISTY.C



**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF SCIENCE IN NURSING.**

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MERIBHA CHRISTY.C

***MATHA COLLEGE OF NURSING, MANAMADURAI,
SIVAGANGAI DISTRICT, TAMILNADU.***

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MATHA COLLEGE OF NURSING,
(Affiliated To TAMILNADU DR.M.G.R.MEDICALUNIVERSITY)
VAANPURAM, MANAMADURAI - 630606
SIVAGANGAI DISTRICT, TAMILNADU

CERTIFICATE

This is the bonafide work of **Ms. C.Meribha Christy, M.Sc.,**
Nursing II year student from Matha College of Nursing, Matha
Memorial Educational Trust, Manamadurai, submitted in partial
fulfilment for the Degree of Master of Science in Nursing, under The
Tamilnadu Dr. M.G.R. Medical University, Chennai.

Signature: _____

Prof. (Mrs). JEBAMANI AUGUSTINE, M.SC., (N) RNRM
Principal cum HOD, Medical Surgical Nursing,
Matha College of Nursing,
Manamadurai.

College Seal:

MARCH– 2010

***A STUDY TO ASSESS THE ADJUSTMENT PROBLEMS AND
THEIR COPING STRATEGIES AMONG ADOLESCENTS
RESIDING IN ORPHANAGES IN SELECTED AREAS AT
MADURAI.***

APPROVED BY THE DISSERTATION COMMITTEE ON: _____

**PROFESSOR IN NURSING : _____
RESEARCH**

**Prof.Mrs. JEBAMANI AUGUSTINE, M.Sc.,(N) RNRM
Principal cum HOD, Medical Surgical Nursing,
Matha College of Nursing, Manamadurai.**

**CLINICAL SPECIALITY : _____
EXPERT**

**Prof.Mrs. THAMARAI SELVI, M.Sc.,(N)
Dept. of Nursing
Matha College of Nursing, Manamadurai.**

MEDICAL EXPERT : _____

**Dr. GANESH KUMAR, M.D., D.P.M
Consultant Psychiatrist
M.S. Chellamuthu Trust & Research Foundation
Madurai.**

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- *Holy Bible*

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ABSTRACT

STATEMENT OF THE PROBLEM

A study to assess the adjustment problems and their coping strategies among adolescence residing in orphanages at Christian mission service, Kallupatti, Madurai and Niomi Anbu Illam, Samayanalloor, Madurai, Tamilnadu. Descriptive study design was used. The sample size is 100 and purposive sampling technique was used.

OBJECTIVES OF THE STUDY

1. To find out the adjustment problems of adolescence residing in orphanages.
2. To find out the level of coping strategies of adolescence residing in orphanages
3. To determine the correlation between the adjustment problems and coping strategies of adolescence residing in orphanages.
4. To find out the association between adjustment problems of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject, most admirable person, favourite colour and blood group.
5. To find out the association between coping strategies of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject, most admirable person, favourite colour and blood group.

HYPOTHESIS

- ❖ **H1:** There will be a relationship between adjustment problems and coping strategies among adolescents residing in orphanages.
- ❖ **H2:** There will be a significant association between the adjustment problems of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject and admirable persons, favourite colour and blood group.
- ❖ **H3:** There will be a significant association between the coping strategies of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject and admirable persons, favourite colour and blood group.

A descriptive research method was undertaken to assess the level of adjustment problems and their coping strategies among adolescents residing in orphanages. The study was conducted at Christian Mission Service, Kallupatti, Madurai and Niomi Anbu Illam, Samayanalloor, Madurai. The data were collected from 100 adolescents who fulfilled the inclusion criteria by purposive convenient sampling technique.

The research tool consisted of demographic data, modified Bell's adjustment inventory, modified coping checklist (Rao, Subbhakrishna and Prabhu). The tools were found valid and reliable through pilot study. The planned health education, counseling, group therapy was given regarding adjustment problems and their coping strategies to the adolescence.

The review of literature enabled the investigator to develop the conceptual framework. The study was based on Sister Callista Roy's adaptation model to assess the adjustment problems and coping strategies of adolescents residing in orphanages.

MAJOR FINDINGS OF THE STUDY

The study findings show that,

- ✧ It was found that 27% of adolescents were in the age between 12-13 years, 33% were 14-15 years, 33% were 14-15 years, and 40% were 16-18 years adolescents.
- ✧ Regarding sex, 80% of adolescents were males, and 20% were females
- ✧ Among Religion, majority (85%) of adolescents was Christians and 15% adolescents were Hindus.
- ✧ In dietary habits of adolescents reveals that 94% were non-vegetarian and 6% were vegetarian.
- ✧ Majority (87%) of adolescents admired by parents, 12% were friends and only 1% adolescents like teachers and none of them admired by guardians.
- ✧ The result shows that the level of adjustment problems in order mild level of adjustment (17%), moderate level of adjustment (71%), severe adjustment problems (12%)
- ✧ The result reveals that the coping strategies of adolescents in order moderate level (77%), satisfied level (10%), and 13% of adolescents had inadequate level of coping.
- ✧ There is a positive correlation between the adjustment problems and their coping strategies among adolescents residing in orphanages.

- ✧ There is no association between adjustment problem and demographic variables such as sex, religion, interest and hobbies, most admirable person, favorite colour blood group.
- ✧ But there is a significant association between adjustment problems and demographic variables such as age, educational status, dietary habits, and favourite subject.
- ✧ There is no association between coping and demographic variables such as age, sex, educational status, religion, dietary habits, favourite subject, and favourite colour.
- ✧ There is a significant association between coping strategies and demographic variables such as interest and hobbies, most admirable person, and blood group.

RECOMMENDATIONS FOR FURTHER RESEARCH

- ✧ A comparative study can be done between rural and urban adolescents.
- ✧ A comparative study can be done between adolescents residing in orphanages and home with large sample.
- ✧ A similar study can be conducted with large sample.
- ✧ Study can be done using different methods of teaching.
- ✧ A similar qualitative study can be done among preschool children.
- ✧ An Explorative study can be done to assess the behavioural and emotional problem of adolescents residing in orphanages.
- ✧ Further studies can be conducted on knowledge and practice of healthy habits among school children in orphanages.

CONCLUSION:

Majority adolescents had moderate adjustment problems because their peer group relationships and accepting guidance from guardians and also teachers and most of the adolescents had moderate level of coping skills because of 85% of adolescents are Christians they did prayer and guidance from religious leaders that reduces the severity of adjustment problems. Severe adjustment problems had seen those who are expecting parental guidance and support and also they are expected parental love and affection, some adolescents not accepting guidance in problematic situations, that adolescents fallen into inadequate level of coping skills. Few adolescents had satisfied level of coping because they are accepting guidance from guardians and having their good peer group relationship.

CHAPTER I

INTRODUCTION

“YOUTH IS LIKE A FRESH FLOWER IN MAY;
AGE IS LIKE A RAINBOW THAT FOLLOWS THE STORMS OF LIFE;
EACH HAS ITS OWN BEAUTY” - *David Polis*

Adolescents:

‘Adolescence can be defined as a stage in the life cycle between thirteen and eighteen years of age, character by increasing dependence from adult controls, rapidly occurring physical and psychological changes, exploration of social issues and concerns, increased focus on activities with a peer group and establishment of a basic self- identity’

- **Bigner**

Coping:

*Coping is defined by **Folkman and Lazarus** as cognitive and behavioural efforts made to master, tolerate or reduce external and internal demands and conflicts among them.*

The term ‘*adolescence*’ comes from the Latin word ‘*adolescere*’ meaning ‘*to grow to maturity*’. So the essence of the word adolescence is growth and it is in this sense that adolescence represents a period of intensive growth and change in nearly all aspects of child’s physical, social, mental, and emotional life. The growth achieved the experiences gained, responsibilities felt and the relationships developed at this stage destine the complete future of an individual. (**Pahuja, 2004**)

Adolescence is a period of transition when the individual changes physically and psychologically from a child to an adult. This transition involves psychological, emotional, social and intellectual changes. The period of transition leaves its mark on the individual's behaviour, as they feel unsure of themselves and insecure in their status and hence naturally sometimes become aggressive, self-conscious and withdrawn. **(Deborah, 2003)**

Children and adolescents who live in an institutional setting may display several emotional and behavioural problems stemming from a number of factors including experiences before their admission to the institution, their age at which they were referred to the institution and the length of period they spend in the institution. Risk for infection, impaired nutrition and growth, cognitive impairment, social affective disturbances and physical and sexual abuse were customary events in 19th century institutions unfortunately most them still exist today inspite of all attempts to improve the conditions.

Scientific data shows that institutionalization poses on increased risk of severe infection and of delayed language deviation for infants or young children in the short. This in the long term, could lead them to become emotionally dysfunctional and economically unproductive adults **(Dekker et. al, 2002)**

The adolescents who live in an institutional setting as a result of their family problems or life events problems may have increased emotional and behavioural problems caused by their age at which they are referred to the institution and the length of the period they spend in the institution. Positive features such as being successful in school life and having family support system can be protective for the young

people who live in the institutional setting. (Verhulst frank et.al, 2002)

Most of the theories reveal that, adolescence is the fifth stage in the life stages with identity versus role diffusion as its psychosocial crisis. It is a pivotal stage, a period of psychosocial moratorium and a period for search, experimentation and introspection from which a personal identity involves. It's a time of waiting between childhood and adulthood during which the individual searches for a new sense of continuity formation is a function of the interplay between what the individual has come to mean to himself or herself at the end of childhood and what he/ she now appears to mean to those who have become important to them. Gessel made known his concept of the *developmental spiral*, according to which growth is said to transpire in rhythmic sequences. These are the total action system or physical and motor growth; routines of self care including eating, sleeping, bathing and personal habits, emotions; self concept; interpersonal relationships; activities and interest; school life; ethics and philosophic outlook.

Thus understanding the problem of adolescents and their related coping behaviours need to be explored. Such information can help in various sectors of education, health, planning, finance, etc. to have a strong base for a healthy productive country and world.

NEED FOR THE STUDY:

‘Adolescence is by its nature an interruption of peaceful growth and the upholding of a steady equilibrium during the adolescent process is in itself abnormal. It is normal for an adolescent to behave

for a considerable length of time in an inconsistent and unpredictable manner’-Anna Freud

According to estimated population of India (2000) distribution of population below 18 years of age is 51.2%. Half of the Indian populations are adolescents only. So they need more attention. **(Herbert L.Friedman, 2001)**

Today adolescence faces complex adjustment problems. In most families, children have many problems with their parents, friends, teachers and these problems are to be solved. **(Moor et.al nursing times, 2000)**

Such a scenario made it imperative to intervene to provide care and protection to children. The setting up of extra – familial institutions to provide care to the young, both in the governmental and voluntary sectors, became essential. In mid 1920s, voluntary organizations such as the Indian red cross society, the All India Women’s conference, the Kasturba Gandhi National Memorial Trust and the Children’s Aid Society organized programmes in the areas of welfare, health, nutrition and education for children. Balkanji Bari, setup in 1920, was the first children’s organization with child membership. Several other organizations were setup around this time, but there were on a sectarian basis, such as the all India Shia Orphanage, the Bai Dosabai Kotwari Pasi Orphanage etc. **(committee on the rights of the child, 2000)**

Many of the orphaned children continue to experience adjustment problems and little is being done in support. There are several reasons; first, there is a lack of adequate information on the nature and magnitude of the problems. Secondly, there is a cultural

belief that children do not have adjustment problems and therefore there is a lack of attention from adults. Thirdly, since psychological problems are not always obvious, many adults in charge of orphans are not able to identify them. In many cases children's are punished for their problems. In school there is an obvious lack of appropriate training to the teachers in identifying psychological and social problems and therefore offering individual or group attention. **(James Senendo, Janel Nambi, 2001)**

Adjustment disorders can be triggered by a stressors or series of stressors that may be developmental (adolescence, menopause), situational (job changes, divorce, death of parents, hospitalization) or adventitious (earthquake, war, flood). Life events requiring major adjustments can also be developmental, situational and adventitious or a combination of all three. **(Forfinash, 2000)**

Issues related to adolescence in India are not homogenous. They vary according to gender, age and place. During adolescence, a teenager's weight doubles and height increases by 15-20%. Before puberty there are little differences in muscular strength and mass. This strength continues to increase into late puberty. **(S.P. Srinivastava, 2000)**

From the above information we can infer that adolescents undergo immense adjustment problems and their coping strategies in both orphanages and family living children. As a health care provider the nurse can assess their problems and give psychological support earlier by establishing support system, community awareness programs, improving spirituality, providing information and voluntary support, giving information on benefits available from government.

The nurse should assess all parameters of adolescence development that is the influence of the peer group and the family situation before health interventions are undertaken.

Adolescence is a crucial period which faces manifold problems of recognition with their parents, peer groups friends and all other members of the society. Therefore it is the responsibility of the nurse to understand the adolescents. Hence the investigator justifies the importance of exploring the adjustment problems and coping strategies of the adolescents.

STATEMENT OF THE PROBLEM

A study to assess the adjustment problems and their coping strategies among adolescence residing in orphanages at selected areas of Madurai.

OBJECTIVES OF THE STUDY

1. To find out the adjustment problems of adolescence residing in orphanages.
2. To find out the level of coping strategies of adolescence residing in orphanages.
3. To determine the correlation between the adjustment problems and coping strategies of adolescence residing in orphanages.
4. To find out the association between adjustment problems of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject, most admirable person, favourite colour and blood group.

5. To find out the association between coping strategies of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject, most admirable person, favourite colour and blood group.

HYPOTHESIS

- ❖ **H1:** There will be a relationship between adjustment problems and coping strategies among adolescents residing in orphanages.
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- ❖ **H3:** There will be a significant association between the coping strategies of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favourite subject and admirable persons, favourite colour and blood group.

OPERATIONAL DEFINITIONS

1. ADJUSTMENT PROBLEMS:

It refers to instability within an individual and altered psychological and social relationship between the individual and his / her environmental adaptation like home, health, social

and emotional which will be measured by modified Bell's adjustment inventory (BAI)

2. COPING STRATEGIES:

It refers to the adolescent's ability to tackle with selected problems such as problem solving, positive distraction, negative distraction, acceptance /redefinition, religion /faith, denial /blame, and social support which will be measured by modified coping checklist (CCL) Rao, Subbhakrishna and Prabhu

3. ADOLESCENTS:

It refers to unmarried males and females in the age group of 12-18 years.

4. ORPHANAGES:

It refers to a place, run by an institution where by, a child is provided the basic needs (shelter, food and education) and who do not have parents.

ASSUMPTIONS:

1. Adjustment problems and coping strategies varies from person to person.
2. Adolescents are especially prone for adjustment problems.
3. The nurse has an active role in identifying adjustment problems earlier.
4. Health education based on the adjustment problems promotes coping skills
5. The adjustment problems and coping strategies varies according to the age.
6. Individual facing problems goes into a period of dis-equilibrium.

LIMITATIONS:

- The data collection period was delimited to 6 weeks.
- Sample size is 100

PROJECTED OUTCOME:

The findings of the study help to assess the level of adjustment problems and coping strategies of adolescents living in orphanages. The results of the study enable the nurse to identify the adjustment problems earlier and advice the adolescents to cope with the problems efficiently and make them to develop good coping skills.

CONCEPTUAL FRAMEWORK

Conceptualization is the process of forming ideas, designs and plans. The conceptual model acts as a guide for the research process. The major goal of conceptual framework is to clarify the concepts used in the study to find the purpose and relationship between the concepts. Further, the conceptual framework also provides meaning within which to interpret the research finding (**Burns & Grace**)

The present study aimed to explore the adjustment problems and coping strategies of adolescents residing in orphanages. The framework of the study based on '**Sister Callista Roy's Adaptation Model**'

The core of Roy's adaptation model is on the belief that a person is an adaptive being (bio- psychosocial being) and person's adaptive responses are a functions of stimulus and adaptation level. Adaptation level is the combining of stimulus that represents the condition of the process for human adaptive system.

The regulator is subsystem of coping mechanisms which responds automatically through neural- chemical endocrine process. A cognator is the subsystem coping mechanisms, which responds through complex process of perception and information processing, learning, judgments and emotion. The regulator subsystem has the components of input, internal process and output.

INPUT:

Input as stimuli and adaptation level. The focal, contextual and residual stimuli combine and interfere to set the adaptation level of the person at a particular point in time. The degree of change or stimulus most

immediately confronting the person that demands attention and prompts person to seek help. In this study investigator assess the adjustment problems and their coping strategies among adolescents residing in orphanages.

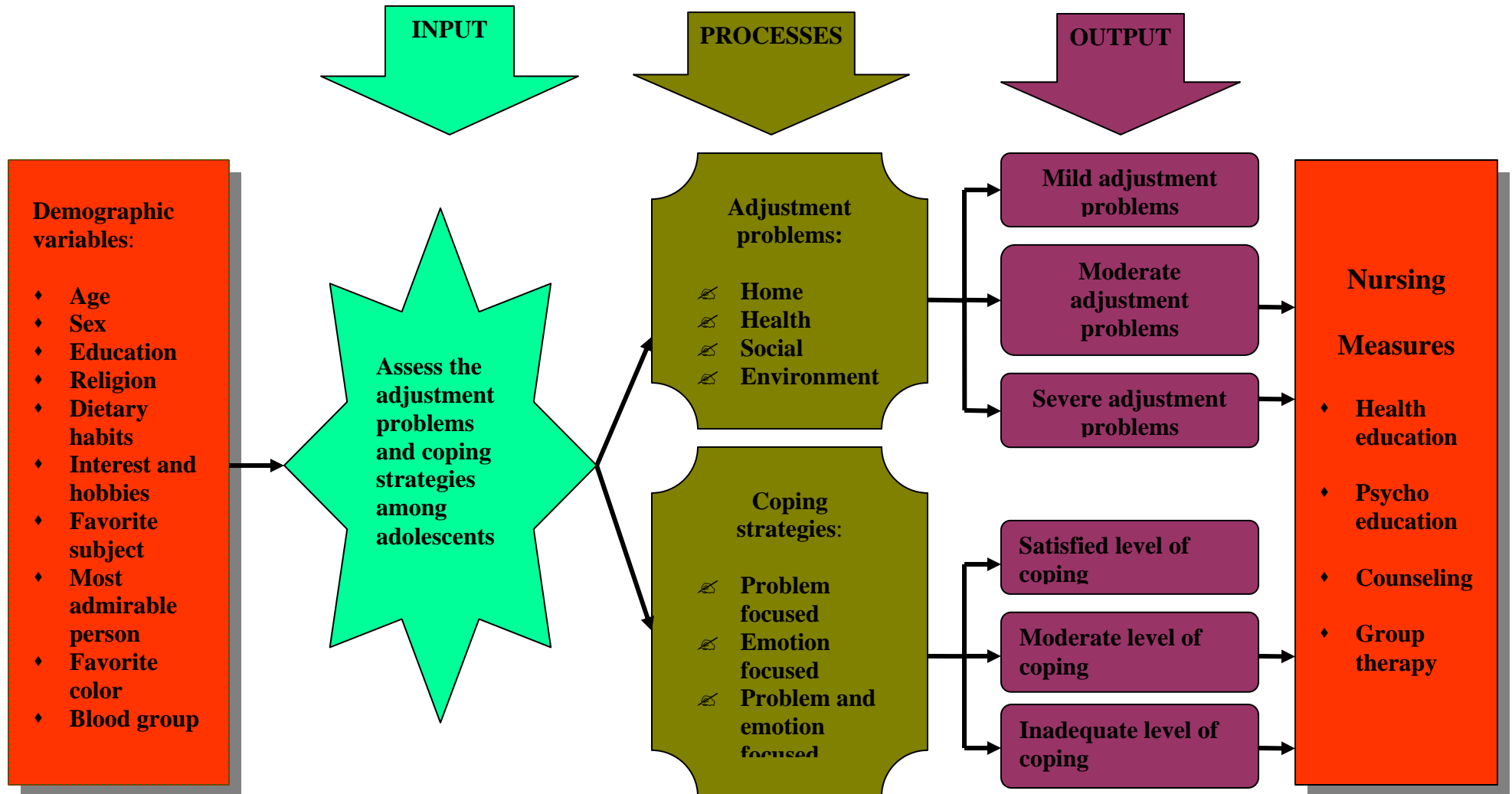
PROCESSES:

For human adaptive system, compare internal dynamics acts as control processes. Roy has used the term coping mechanisms to describe the control processes of human as an adaptive system. Roy's model considers regulator and cognator coping mechanisms to be the sub-system of the person. Here the investigator assess the adjustment problems consists of home, health, social and emotional aspects and coping strategies like problem focused, emotion focused, problem and emotion focused coping.

OUTPUT:

Output refers to behaviors of the person. The behavior may be observed, measured or subjectly reported. Output behavior indicates feedback to the system and the feed back may have Adaptive or ineffective responses. In this study behavioral response refers to the adjustment problems regarding mild, moderate, severe and coping strategies regarding satisfied, moderate and inadequate level of coping. Health education, psycho education, counseling, group therapy given related to the adjustment problems and adaptive modes through flashcards. The feed back can be continued if the response is inadequate.

Fig 1: Conceptual framework based on modified Sister Callista Roy's Adaptation model, 1986



CHAPTER II

REVIEW OF LITERATURE

Researchers almost never conduct a study in an intellectual vacuum; their studies are usually undertaken within the context of an existing knowledge base. Researchers often undertake a literature review to familiarize them in the knowledge base. (Polit and Hungler 1999)

The literature review is presented in the following areas;

- A. Studies and reports related to adjustment problems of adolescents residing in orphanages
- B. Studies regarding coping strategies

A) Studies and reports related to adjustment problems of adolescents residing in orphanages

Erol et.al (2008) examined the prevalence of emotional and behavioral problems, and associated factors in children and adolescents aged 6-18 years that were reared in orphanages. This cross sectional study included 674 children and adolescents aged 6-18 years that were selected from orphanages using stratified and probability cluster sampling. A socio- demographic information form, and the child behavior checklist (CBCL), teacher's report form (TRF), and Youth self-report form (YSR) were used for data collection. According to the information provided by caregivers, teachers, and youths, the prevalence of problem behaviors ranged between 18.3% and 47% among those in the institutional care versus between 9% and 11% among the national sample. Among those in the institutional

care, the prevalence of externalizing problems (21.4%- 41.9%) was significantly higher than the prevalence of internalizing problems (6.2%-40.1%). At the syndrome level, the prevalence of social problems (5.7%-11.7%), thought disorders (7.2%-18.4%), and attention problems (7.7%-31.4%) among the youths in institutional care was higher than among the national sample (1.65-5.8%). Age at the first admission, receiving the institutional care because of neglect and abuse, moves 2 or more times between institutions, recurrent physical illness, receiving poor quality care, lack of regular contact with parents or relatives, lack of regular contact with teachers and the institutional staff, poor problem solving skills, fatalistic beliefs, tobacco and alcohol use, the feelings of stigmatization, and low level competency were significantly associated with an increased risk of behavioral and emotional problems.

Charles (2008) in his study found that psychiatric disorders were 3.5 times more common among the institutionalized children than among children in normal family care. Their study also found no difference in the frequency of behavioral disorders such as hyperactivity and aggression between children in foster care or institutional care.

Wathier and Dellaglio (2007) examined the manifestations of depressive symptoms, as well as frequency and impact of stressful events in the institutionalized and non-institutionalized children and adolescents. A total of 257 youths, of both genders, aged 7-16 years were included in this study. Of these, 130 lived in protection youth shelters and 127 lived with their families in the metropolitan area of Porto Alegre. All participants were attending the first to the eighth

grades of public elementary schools located in low-income neighborhoods. The most frequent events for the family group were 'to have to obey your parent rules' and 'to be taken to a protection shelter' was most frequent for the other group. The events of greater impact were 'death of one parent' 'to be raped' 'to be rejected by numbers of the family' and 'to be sexually touched against one's will'. Considering the participant's gender and context, differences were found in attributed impact adolescents, regardless of context, had a higher frequency of significant events than children, which did not occur concerning impact.

Khamsi and Louis (2006) conducted a study on 136 children placed in the institutional care as part of the Bucharest Early intervention Project. Sixty-nine of the originally institutionalized children were selected at random and placed in foster care, while the remaining 67 youngsters stayed in the orphanage. The study showed that youngsters found that boys do not show the same initial improvements as girls when placed in foster care.

Aavik et.al (2006) examined the relationship between personal values, parenting practices and adolescents institutionalization. They investigated differences between two groups of parents; 235 parents of adolescents attending regular schools and 92 parents of adolescents attending reformatory schools. The results indicate that benevolence was positively associated with parenting practices, but self-enhancement and hedonism had negative correlations with parenting practices. Parents of institutionalized adolescents rated benevolence and conversation higher and broadmindedness lower than parents of non-institutionalized adolescents. Differences in parenting practices

also emerged in connection with social norms, setting limits and physical safety.

Lawrence et.al (2006) states foster care is a protective intervention designed to provide out of home placement to children living in at-risk home environments. This study employs prospective longitudinal data (N=189) to investigate the effects of foster care on the development of child behavior and psychological functioning taking into account baseline adaptation prior to placement. Comparison were made among three groups: children who experienced foster care, those who were maltreated but remained in the home, and children who had not experienced foster care or maltreatment despite their similarity at-risk demographic characteristics. In the current sample, children placed in out of home care exhibited significant behavior problems in comparison to children who received adequate care, and using the same pre and post placement measure of adaptation, foster care children showed elevated levels of behavior problems following release from care. Similarly, children placed into unfamiliar foster care showed higher levels of internalizing problems compared with children reared by maltreating caregivers, children in familiar care, and children who received adequate care giving.

Alfreda P Iglehart, (2004) did the exploratory study utilized foster caretakers as the source of information about foster care adolescents behaviors. Foster care maladjustment was operationalized as the incidence of internal and external maladaptive behaviors reported by the youth's caretakers. Child- related variables were then used to predict foster care maladjustment. The sample consisted of

152 randomly selected adolescents 16 years old and older in foster care under the supervision of the Los Angeles County Department of Children's services. In addition, those youths placed at older ages and those who had spent more time in their current placement were more likely to exhibit external maladaptive behaviors. Treatment and service implications are drawn from these findings. The importance of the foster caretaker as a provider of information and as a participant in the treatment process is also highlighted.

Heidi et.al (2004) examined the association between duration of institutionalization, age at abandonment, and mental and physical health outcomes of young institutionalized children in Romania and to examine patterns of associations between placement history, physical growth variables, and psychiatric symptoms. Institutionalized children in a Romanian orphanage were studied through caregiver reports. Study showed high rates of developmental delays, anxiety/ affective symptoms and physical growth delays.

Stanley and Ruth (2004) in their study on psychological profile of institutionalized adolescent boys found that majority of the respondents were Hindus (83.3%). Reasons for studying in the institution revealed that 50% of the children were staying in the home for their studies and due to their poor economic condition. Only 16.7% of the children were staying in the home because of their parent's death. 46.7% of the children were staying in the institution for a period up to three year.

Smyke et.al (2002) during the transition from childhood to adulthood, adolescent experience significant biological, cognitive, emotional and social changes. The change in problem behavior occurs

when an adolescent defines, practices and masters basic social skills. Disinhibited social behavior among institutionalized children has been observed in numerous studies. For example, institutionalized children were described as more indiscriminate in their interactions with unfamiliar adults than children raised by their families.

Pluye et.al (2001) explores the prevalence of mental and behavioral disorders among Romanian children institutionalized and examines specifically the prevalence among children in homes for children to compare it with similar data published in other countries. First, explores the prevalence of mental and behavioral disorders among a population of 4.692 children institutionalized in three Romanian districts in 1992. Second, examines the prevalence of these disorders among a population of 1.610 children institutionalized in homes for children i.e., 1,610 children ages ranging from 4 to 18 years and suffering from social difficulties. A randomized sample of 508 children has been screened by physicians and psychologists based on an evaluation protocol. 54% of the children in the institutionalized homes in three Romanian districts in 1992 had a main diagnosis of mental or behavioral disorder. Third compares results to the prevalence found in other studies. Finally, the high frequency of institutionalization in Romania in 1992 illustrates how few solutions were there to social difficulties and how exaggerated institutionalization was.

Price JM, Landsverk J (2000) explore a longitudinal design was used to address the study hypotheses. The sample consists of 124 maltreated children ages 5 to 10 who had been placed into foster care. Twelve months following entrance into foster care. Measures

reflecting unbiased and competent processing were predictive of social adaptation, where as measures reflecting biased and incompetent processing were predictive of behavior problems. In aggregate, processing measures accounted for a significant proportion of the variance in the outcome measures. The findings suggest that the manner in which maltreated children process social information has a bearing on their later social adaptation and behavioral adjustment.

Ahmad & Mohamad (2000) states in order to investigate orphans situation and development in Iraqi Kurdistan, samples from the two available orphan care systems, the traditional foster care and the modern orphanages, are examined at an index test and at 1 year follow-up regarding competency scores and behavioral problems at both test occasions, and post- traumatic stress reactions at a 1 year follow-up. Achenbach child behavior checklist (CBCL) and two instruments regarding post-traumatic stress disorder were used. While competency scores showed an improvement in both samples at the follow-up test, the problem scores increased in the orphanage sample and decreased among the foster care subjects. Moreover, the orphanage sample reported higher frequency of post-traumatic stress disorder than the foster care children. The results are discussed with regard to the value of the Kurdish society's own traditions in taking care of orphans.

Kools.S (2000) states that adolescents in long term foster care experience significant health and mental health problems. Seventeen adolescents were interviewed in their foster group homes. Dimensional analysis was used to develop the theory on the impact of foster care Adolescents in their foster care engaged in self-protection

strategies secondary to experiences of devaluation and uncertainty in foster care, including guarding foster child status, maintaining a defensive posture, distancing self, and keeping relationships superficial. Self-protection resulted in a veneer of self-reliance and social detachment. Strategies are suggested to address devaluing experiences and promote positive identity development in foster care.

Browne DC (2000) states adolescence has been as a period where normal developmental stresses are dealt with depending on past experiences and current demands. Foster care inherently brings with it many additional stresses which must be dealt with at a period where many young people find even normal developmental tasks overpowering. This study examines problem disclosure and coping strategies in 21 foster adolescents. Highly significant results indicate that teenagers who have experienced crisis foster placements were more likely to disclose concern over parent and authority control over their lives. Additionally, these young people seemed more likely to use non-productive coping strategies when dealing with everyday problems.

B) Studies regarding coping strategies:

Maryam et.al, (2009) states there are few scales developed to measure spiritual coping, which are not fit to the special situation and culture of Iranian adolescents. Therefore, the purpose of this study was to develop a valid and reliable scale to measure spiritual coping in the institutionalized adolescents. This methodological research was conducted in two stages: qualitative and quantitative, in this qualitative stage to develop scale items, 15 semi-structured interviews

were conducted with the institutionalized adolescents. Exploratory factor analysis for assessing factor structure revealed that the three factors could explain 55.29% of the variance. Correlation of the scale scores with scores of “Institutionalized Adolescents Spiritual Attitude Scale” were 0.897 and 0.274 respectively. According to reliability measurement, internal consistency of the scale was coefficient alpha=0.964 and test-retest reliability with a 3-week time interval was 0.712. Institutionalized Adolescents Spiritual Coping scale measures various dimensions of spiritual coping in this group of adolescents and has a high degree of reliability and validity.

Bruce Byrne (2000) investigated the relationship between anxiety, fear, self-esteem, and coping strategies in a sample of 224 students in Australia. In particular, it sought to determine whether there were any significant changes between years 10 and 18 and, if so, whether these changes were gender specific. The results indicated that the girls had consistently low levels of self-esteem. The boys showed a significant decrease in both anxiety and fear by year 12. For the coping strategies suggested that, by year 12, boys and girls were using different coping strategies, with boys more successfully reducing both fear and anxiety.

CHAPTER – III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern together empirical data for the problem under investigation. This chapter comprises methodology for the study, the research approach, and design for the study, setting, sample, technique of data collection, description of tool, content validity of the tool, reliability of the tool, pilot study, procedure of data collection and plan for analysis of data.

RESEARCH APPROACH

The quantitative research approach was used.

RESEARCH DESIGN:

The research design adopted for this study is descriptive design.

SETTING OF THE STUDY:

Study was conducted in Niomi Anbu Illam, Samayanalloor. Total numbers of adolescents staying in fifth to tenth standard are 42 adolescents out of which 20 females were selected for the study. It is situated 45km away from Manamadurai and also study was conducted in Christian Mission Service, Kallupatti, Madurai. Total numbers of adolescents staying in fifth to twelfth standard are 135 adolescents out of which 80 males were selected for the study. It is situated 55 km away from Manamadurai.

POPULATION:

The target population consists of 100 adolescents residing in orphanages at the age group of 12 - 18 yrs.

SAMPLE SIZE:

The sample size was unmarried males and females between 12-18 years and who are residing in Niomi Anbu Illam, Samayanalloor, Madurai and Christian Mission Service, Kallupatti, Madurai.

SAMPLING TECHNIQUE:

A purposive sampling technique was used to select the sample.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

- ✓ Adolescents those who are living in the orphanages from the childhood at the age group of 4-5 years.
- ✓ Both males and females
- ✓ Age group between 12-18 years
- ✓ Who can read and write Tamil or English.

EXCLUSION CRITERIA:

- ✓ Adolescents those who are not willing to participate.
- ✓ Adolescents who have chronic illness.
- ✓ Adolescents who cannot read and write Tamil or English.

RESEARCH TOOL:

PART A: Socio demographic profile

PART B: Modified Bell's adjustment inventory (BAI)

PART C: Modified Coping checklist, (Rao, Subbhakrishna & Prabhu, 1989)

PART- A

Socio demographic profile

Deals with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject and admirable persons, favorite color and blood group.

PART - B

Modified Bell's adjustment inventory (BAI) - student form (Hugh M.Bell, 1934)

This modified adjustment inventory developed by Hugh M.Bell (1934) and it is a self reporting questionnaire in 'yes' and 'no' format to measure the total level of adjustment. The scores obtained in each areas like home, health, social and emotional were added together to determine the total level of adjustment. One point is given to every 'yes' responses. The maximum score is 40 and the lowest score is zero and the total adjustment is further divided into 5.

Category	Score
Mild	0-17
Moderate	18-27
Severe	28-40

The administration of this scale takes 40-45 minutes.

PART - C

Coping checklist, (Rao, Subbhakrishna & Prabhu, 1989)

The modified coping checklist developed by Rao, Subbhakrishna and Prabhu (1989) was used. The tool comprises of 60 items, which cover a wide range of behavioral, cognitive and emotional responses that may used to handle stress. The items are scored dichotomously in a yes/ no format. One point is given to every 'yes' responses.

It consists of seven subscales; one of problem focused coping (problem solving), five of emotion focused coping (positive distraction, negative distraction, acceptance/ redefinition, religion/ faith and denial/ blame) and one of problem and emotion focused coping (social support seeking).

A) Problem focused coping: 1-10

B) Emotion focused coping:

- Positive distraction: 11-20
- Negative distraction: 21-28
- Acceptance and redefinition: 29-37
- Religion/ faith: 38-45
- Denial/ blame: 46-55

C) Problem and emotion focused coping: 56-60

Scoring procedure:

The maximum possible score was 60. Knowledge score was interpreted as follows;

<i>SCORE</i>	<i>CATEGORY</i>
0-23	Inadequate
24-39	Moderately adequate
40-60	Satisfied

TESTING OF THE TOOL:

VALIDITY:

In order to ensure content validity, the tool was submitted to four experts from psychiatric nursing department, one psychiatrist, one psychologist and one psychiatric social worker along with the blue print, criteria and checklist. After establishing the validity, the tool was translated into Tamil and again translated to validate the language.

RELIABILITY:

The test-retest method was used to establish the reliability of observation checklist. 'r' value is 0.496.

PILOT STUDY

The pilot study was conducted Niomi Anbu Illam, Samayanalloor and Christian Mission Service, Kallupatti, Madurai. Ten adolescent girls who met the inclusive criteria were selected by using simple random sampling method. Pilot study was conducted by using Questionnaire. The results were analyzed based on the scores obtained by the adolescents. The pilot study confirmed the feasibility. The subjects included in the pilot study were excluded in the main study.

DATA COLLECTION PROCEDURE

The duration of data collection was 6 weeks. Before the data collection the investigator obtained formal permission from the management of those orphanages at Madurai to conduct the study. The investigator visited the orphanages on the given date and was introduced to the adolescents and the purpose of study was explained to the study group.

The main study was conducted in Niomi Anbu Illam, Samayanalloor and Christian Mission Service, Kallupatti, Madurai. Totally 100 samples were collected. The investigator collected data every day from 4-5pm. In the first week 24 samples were taken from middle school adolescents, second week 20 samples were taken from the high school adolescents, and third week 15 samples were taken from high school adolescents and fourth week 20 samples were taken from higher secondary school fifth week, 21 samples were taken from higher secondary adolescents for the last week. During this assessment the adolescents were very cooperative. Finally the investigator given thanks to the participants. The data collection procedure was terminated. The investigator found satisfaction during data collection

DATA ANALYSIS

The data was analyzed based on the objectives. Frequencies and percentage were computed for describing the sample characteristics. Chi-Square test was computed to describe the association between adjustment, coping and its demographic

variables. Karl Pearson's 'r' (correlation) was computed between adjustment and coping among the adolescents residing in orphanages.

PROTECTION OF THE HUMAN SUBJECTS

The research proposal was approved by the dissertation committee prior to pilot study. Permission was obtained from the Principal of Matha College of Nursing, Head of the Department of Psychiatric Nursing and also permission taken from the chairman of the orphanages before starting the data collecting procedure. Assurance was given to the subjects that confidentiality would be maintained.

CHAPTER- IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis of the sample and interpretation of data to determine the adjustment problems and coping strategies among adolescents residing in orphanages at selected areas of Madurai, Tamilnadu, India.

The obtained data has been classified grouped, and analyzed, statistically based on the objectives by descriptive and inferential statistics.

OBJECTIVES OF THE STUDY

1. To find out the adjustment problems of adolescence residing in orphanages.
2. To find out the level of coping strategies of adolescence residing in orphanages.
3. To determine the correlation between the adjustment problems and coping strategies of adolescence residing in orphanages.
4. To find out the association between adjustment problems of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.
5. To find out the association between coping strategies of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.

PRESENTATION OF THE DATA:

The analysis of data was organized and presented under the following headings.

Section - I

Frequency and percentage distribution of the samples according to their selected demographic variables.

Section - II

Distribution of level of adjustment problems among adolescents residing in orphanages.

Section - III

Distribution of level of coping strategies among adolescents residing in orphanages.

Section - IV

Relationship between adjustment problems and coping strategies among adolescents residing in orphanages.

Section - V

Association between adjustment problems and demographic variables among adolescents residing in orphanages

Section - VI

Association between coping strategies and demographic variables among adolescents residing in orphanages

TABLE- I
Frequency and percentage distribution of the samples according
to their selected demographic variables.

N=100

S. No	Demographic variables	Frequency (F)	Percentage (%)
1	Age (in yrs)		
	a) 12 to 13	27	27
	b) 14 to 15	33	33
	c) 16 to 18	40	40
2	Sex		
	a) Male	80	80
	b) Female	20	20
3	Education		
	a) Middle school	24	24
	b) High school	35	35
	c) Higher secondary	41	41
4	Religion:		
	a) Hindu	15	15
	b) Christian	85	85
	c) Muslim	0	0
	d) Others	0	0
5	Dietary habits:		
	a) vegetarian	6	6
	b) Non vegetarian	94	94

6	Interest and hobbies		
	a) Studying	33	33
	b) Playing with friends	33	33
	c) Reading books	32	32
	d) Others	2	2
7	Favorite subject		
	a) Tamil/ English	47	47
	b) Maths	12	12
	c) Science	39	39
	d) Others	2	2
8	Most admirable person		
	a) parents	87	87
	b) Guardians	0	0
	c) Friends	12	12
	d) Others	1	1
9	Favorite color		
	a) Red	41	41
	b) Green	22	22
	c) Yellow	12	12
	d) Others	25	25
10	Blood group		
	a) A / B Positive	7	7
	b) A / B Negative	3	3
	c) O Positive / Negative	18	18
	d) AB Positive / Negative	1	1
	e) Don't know	71	71

TABLE-I shows that the frequency and percentage of samples based on the demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.

In the age of adolescents, 27 (27%) samples were between the age group of 12-13 years, 33 (33%) samples were between 14-15 yrs and 40 (40%) samples were 16-18 years of age. Regarding sex 20(20%) samples were females and 80 (80%) samples were males and the educational status of the adolescents, 24(24%) samples were in middle school, 35 (35%) samples were in high school and 41(41%) samples were higher secondary school. About religion, 15 (15%) samples were Hindus, 85(85%) samples were Christians.

In dietary habits of the adolescents, 6(6%) samples were vegetarian and 94 (94%) samples were non-vegetarian. While considering interest and hobbies, 33(33%) samples were interest in studying, 33 (33%) samples were interest in playing with friends, 32 (32%) samples were interested in reading books and 2 (2%) samples were in other type of interest.

In favorite subject, 47 (47%) samples were Tamil/English, 12 (12%) samples were Maths, and 36 (36%) samples were Science and only 2 (2%) samples interest in other subjects.

Regarding most admirable person, majority of the 87(87%) samples were like parents, 12(12%) samples were like friends, and 1 (1%) sample was like others and no samples admired by guardians. In favorite color, 41(41%) samples like red, 22 (22%) samples like green, 12 (12%) samples like yellow and 25(25%) samples like other type of colours.

About blood group, 7(7%) samples were A/B positive, 3(3%) samples were A/B negative, 18 (18%) samples were O positive / negative, only 1(1%) sample was AB positive/ negative and 71(71%)samples had not known about their blood group.

Fig 2: Percentage distribution of samples in terms of adolescent's age

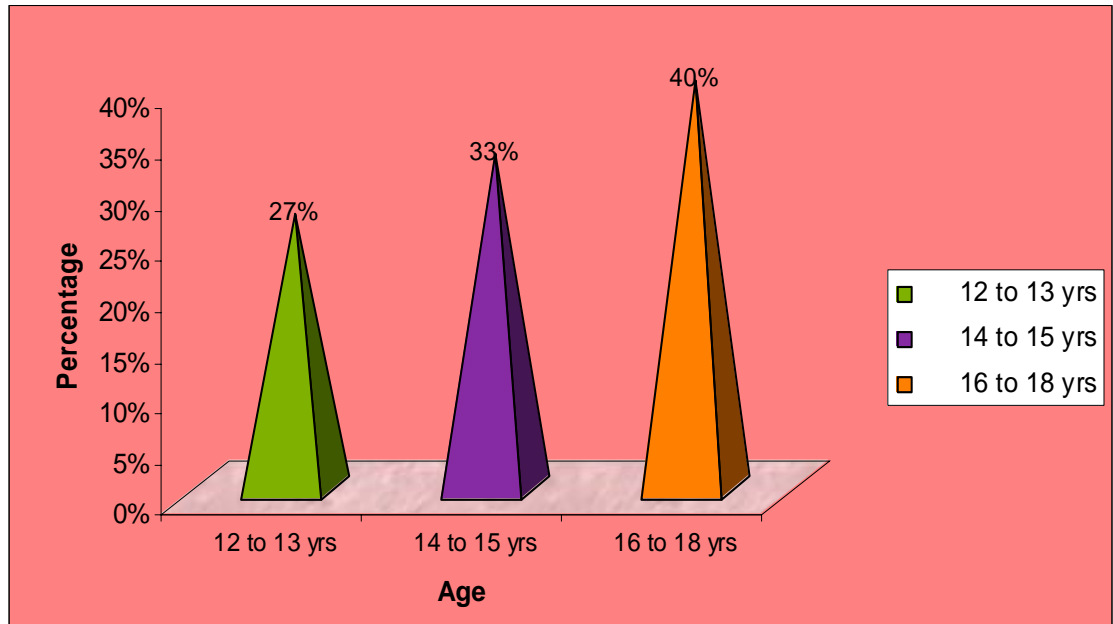


Fig 3: Percentage distribution of samples in terms of adolescent's sex

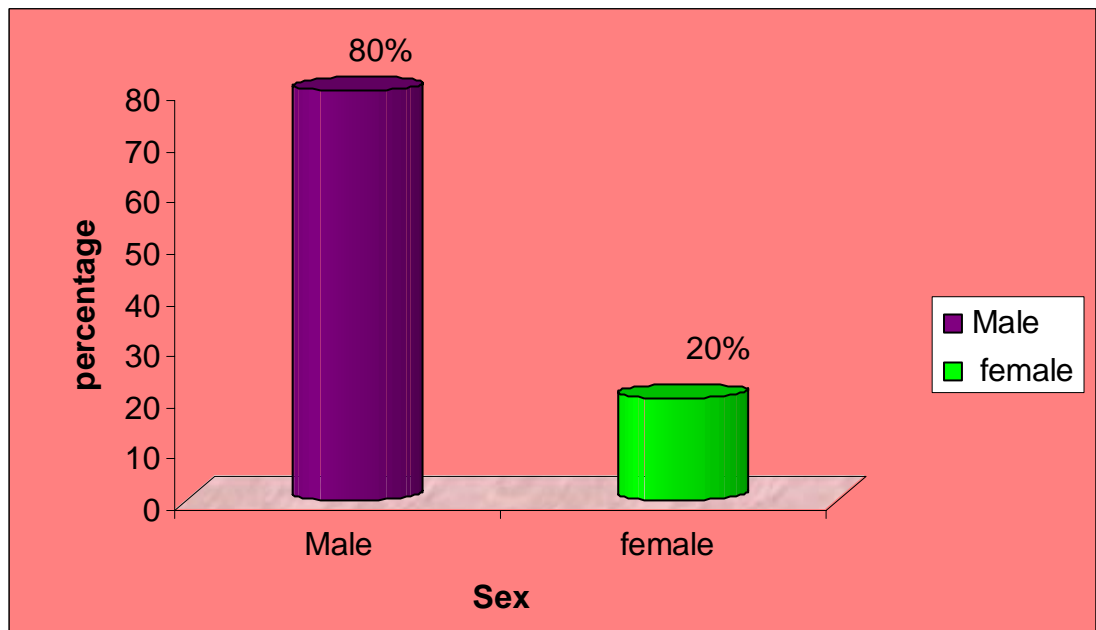


Fig 4: Percentage distribution of samples in terms of adolescent's educational status

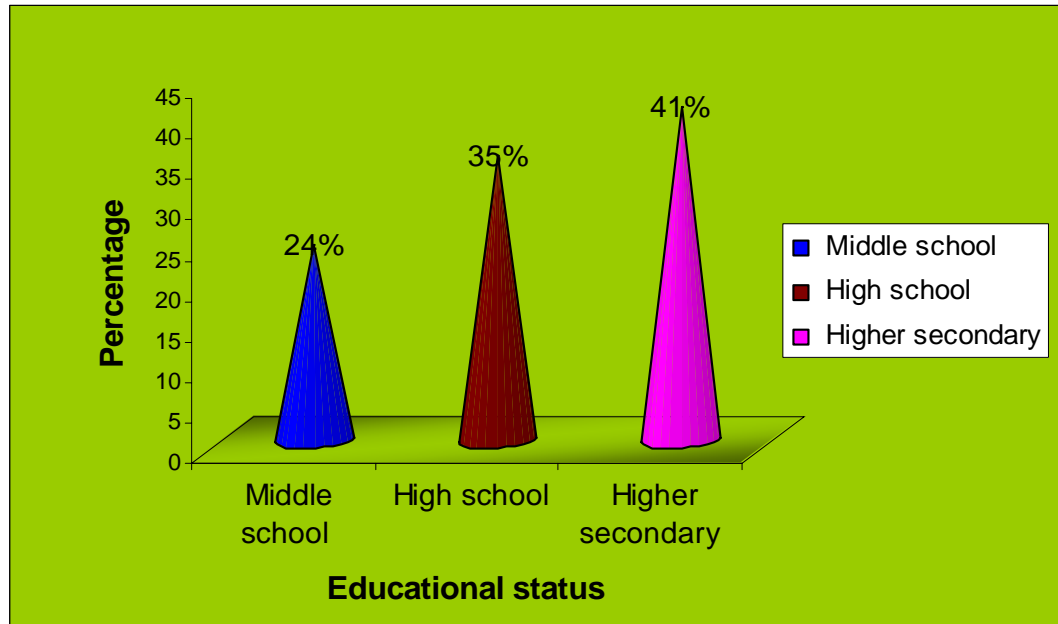


Fig 5: Percentage distribution of samples in terms of adolescent's religion

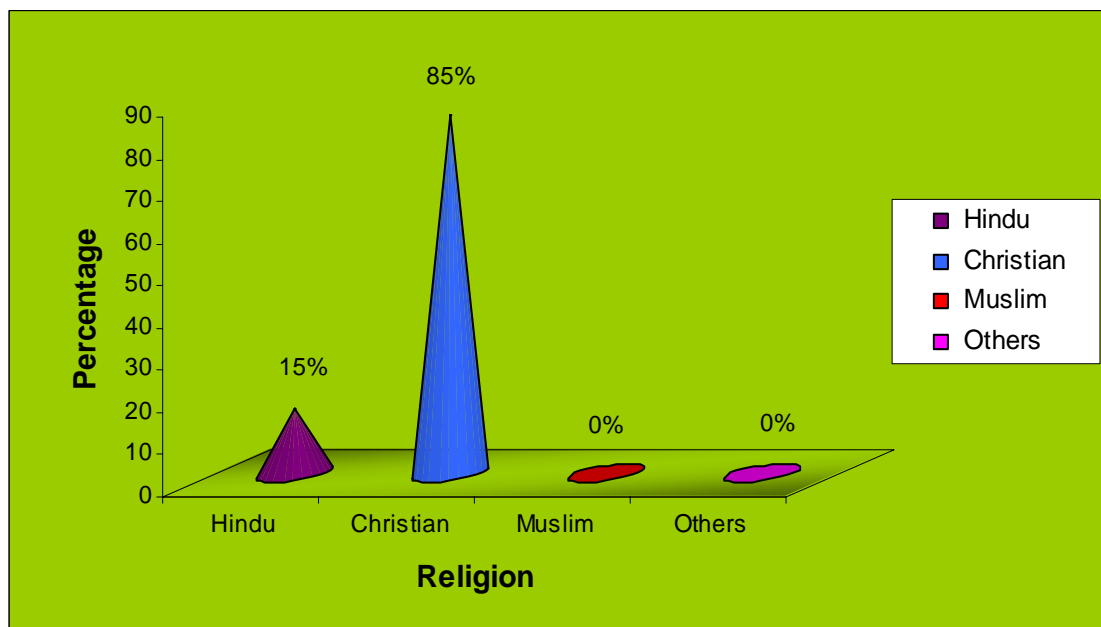


Fig 6: Percentage distribution of samples in terms of adolescent's Dietary habits

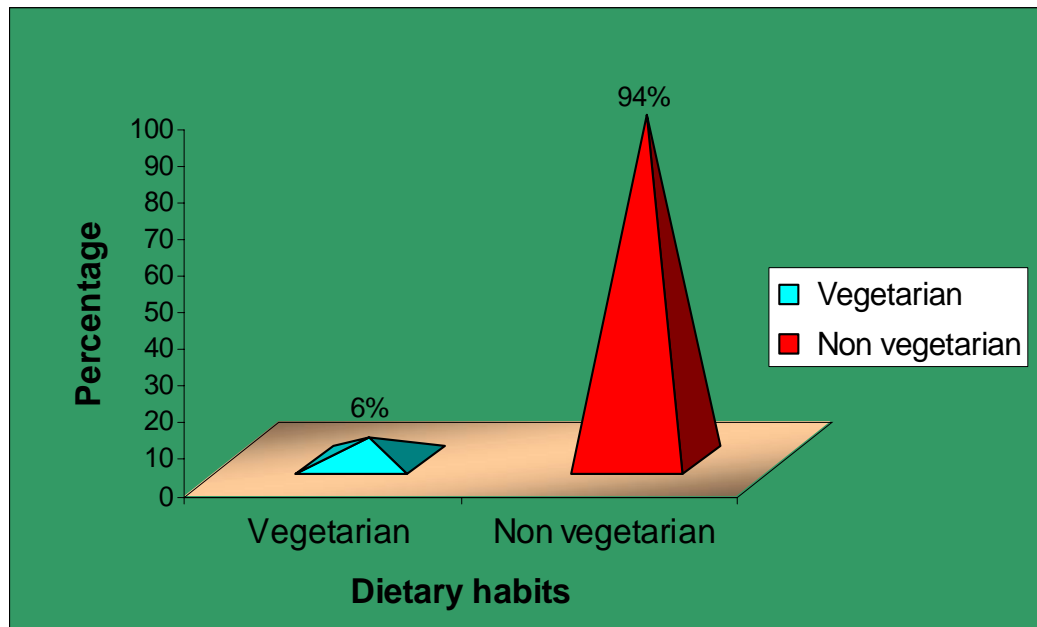


Fig 7: Percentage distribution of samples in terms of adolescent's interest and hobbies

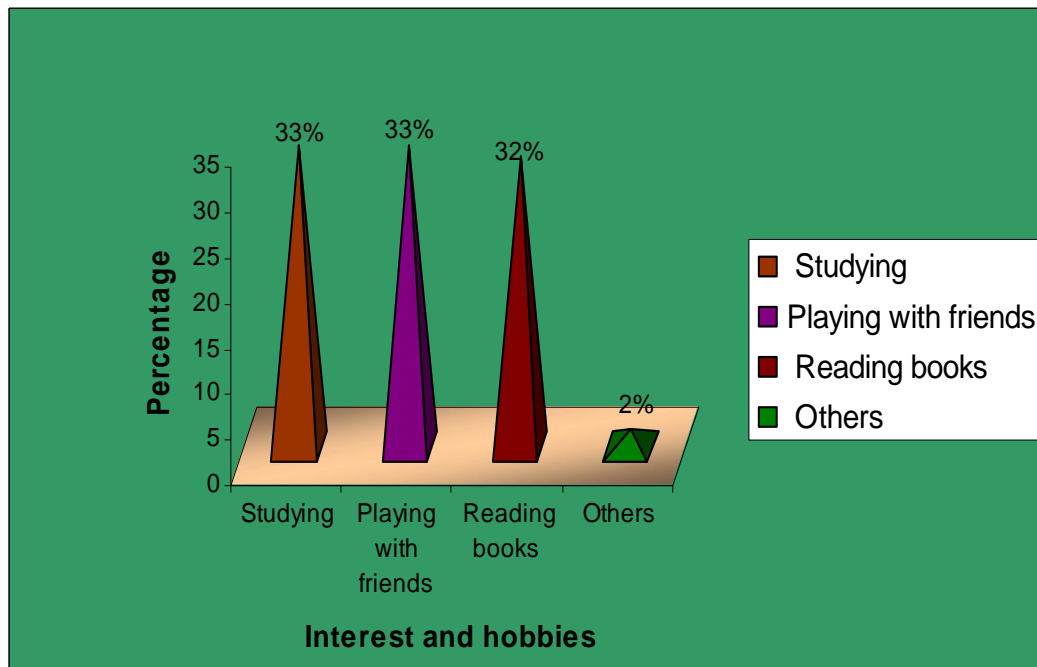


Fig 8: Percentage distribution of samples in terms of adolescent's favorite subject

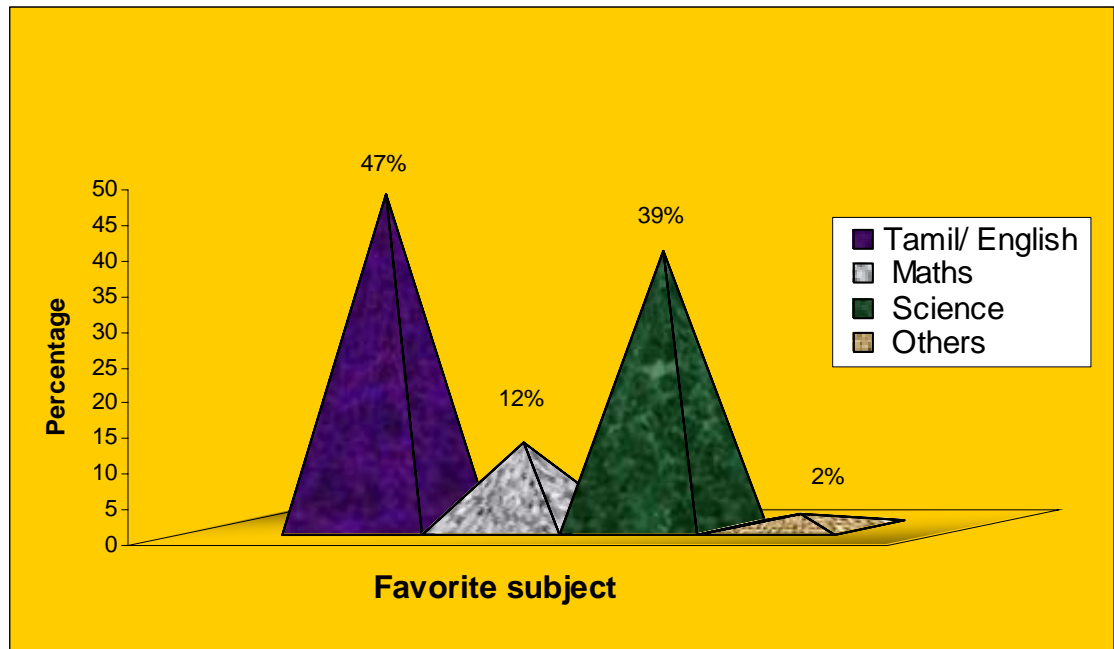


Fig 9: Percentage distribution of samples in terms of the most admirable person of adolescents

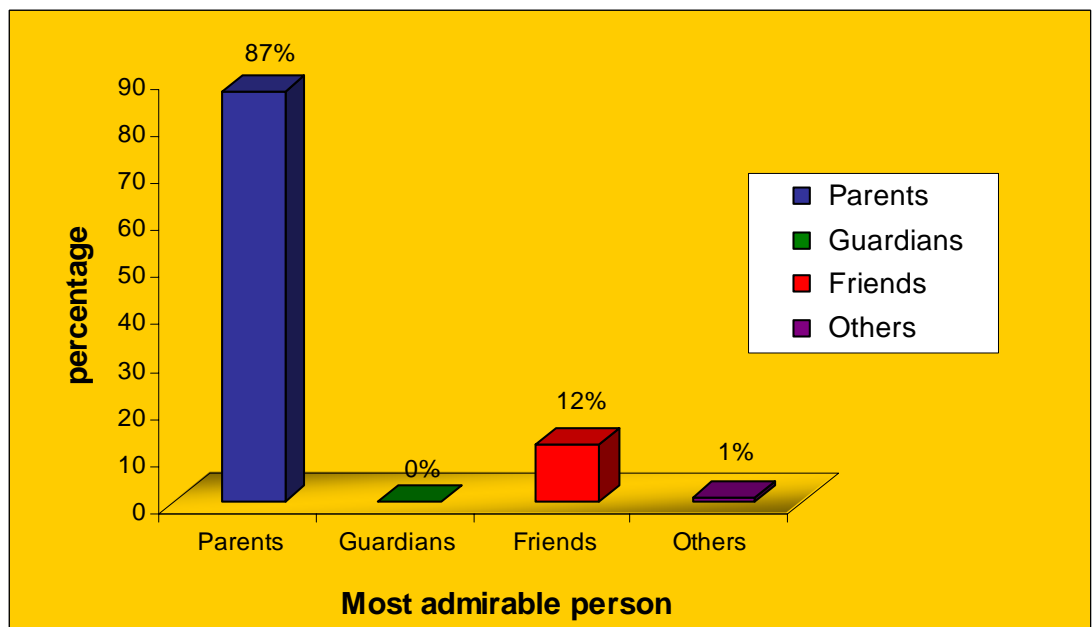


Fig 10: Percentage distribution of samples in terms of adolescent's favorite color

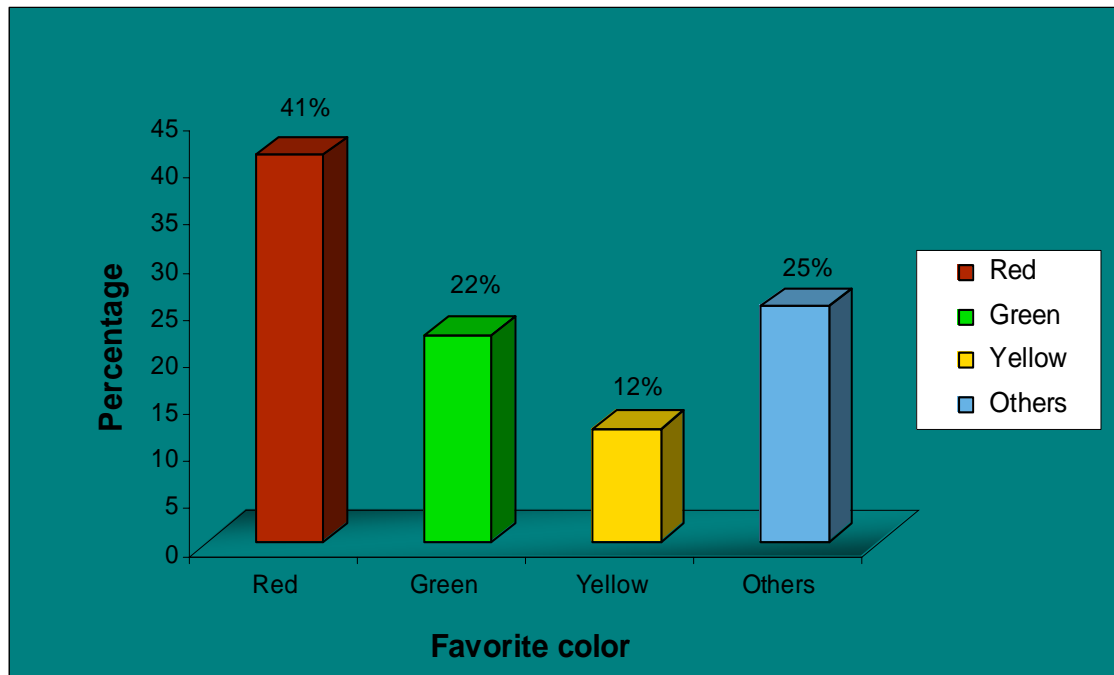


Fig 11: Percentage distribution of samples in terms of adolescent's Blood group

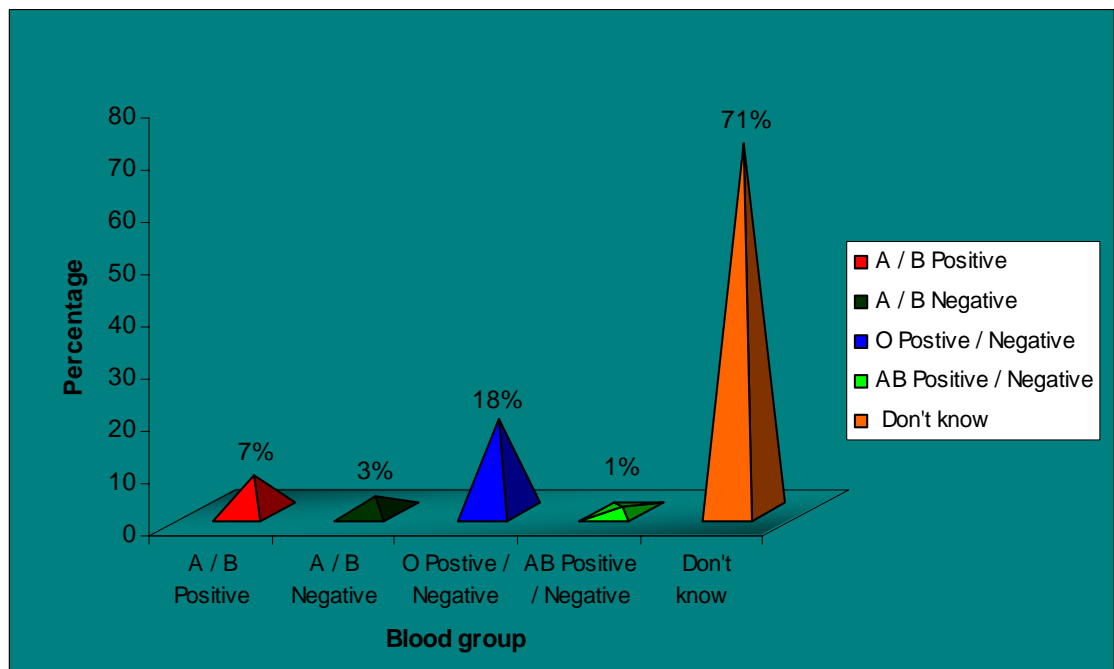


Table II

Frequency and percentage distribution of subjects residing in orphanages according to the adjustment problems

N=100

S.No	Adjustment problems	Frequency (F)	Percentage (%)
1	Mild level adjustment problems	17	17
2	Moderate level adjustment problems	71	71
3	Severe level adjustment problems	12	12

TABLE II- shows that majority 71 (71%) of the adolescents were having moderate level of adjustment and 17(17%) adolescents were having mild level adjustment problems. Among 12(12%) of adolescents were having severe level adjustment problems.

Figure 12: Percentage distribution of subjects residing in orphanages according to the adjustment problems

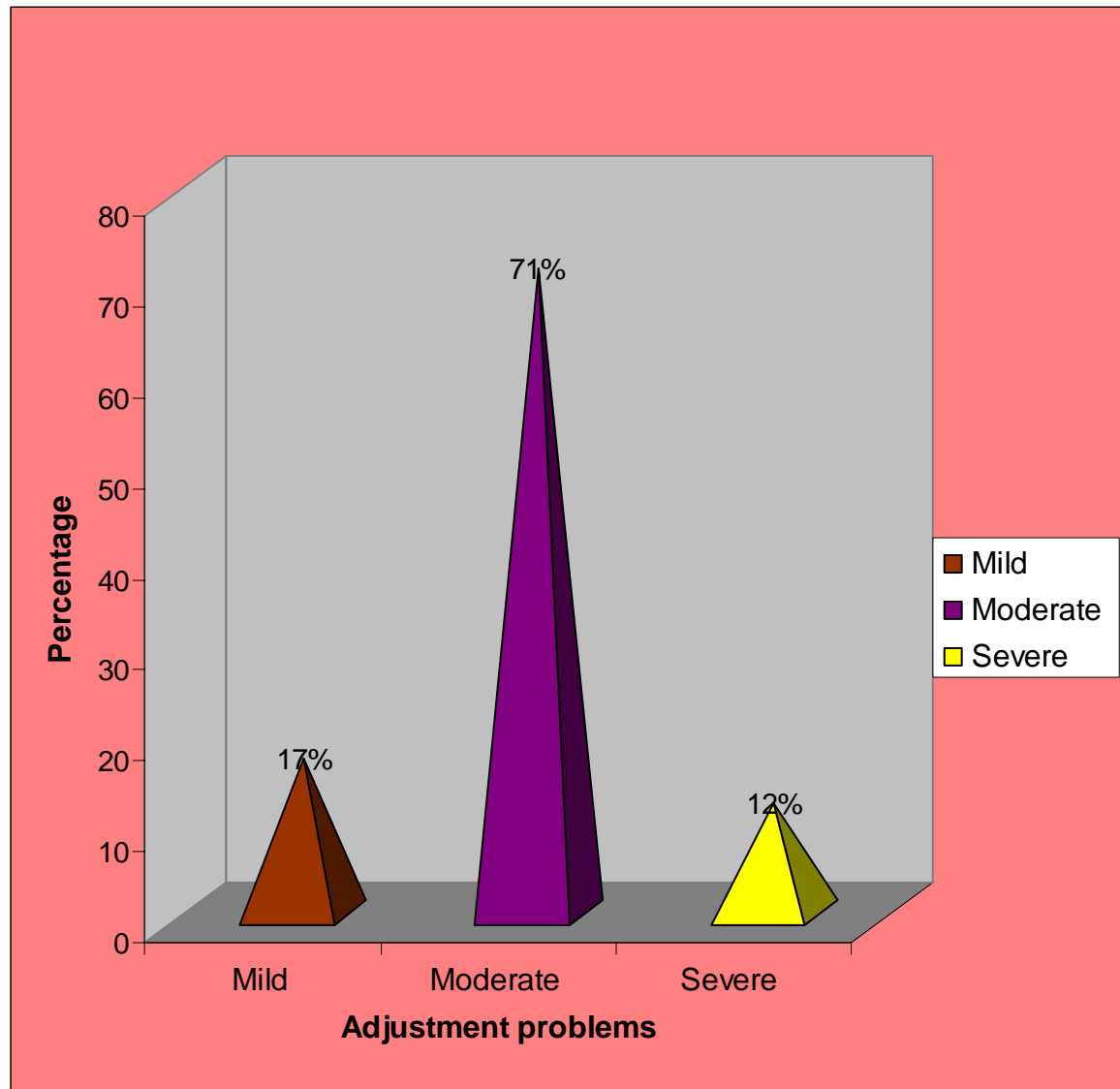


Table III
Frequency and Percentage distribution of subjects residing in
orphanages according to the coping strategies

N=100

S.NO	Coping Strategies	Frequency (F)	Percentage (%)
1	Satisfied level of coping	10	10
2	Moderate level of coping	77	77
3	Inadequate level of coping	13	13

Table III- shows that frequency distribution of adolescents residing in orphanages according to their coping strategies. Majority 77(77%) of adolescents has moderate level of coping, 13(13%) samples have inadequate level of coping and only 10(10%) samples have satisfied level of coping.

Figure 13: Percentage distribution of subjects residing in orphanages according to the coping strategies

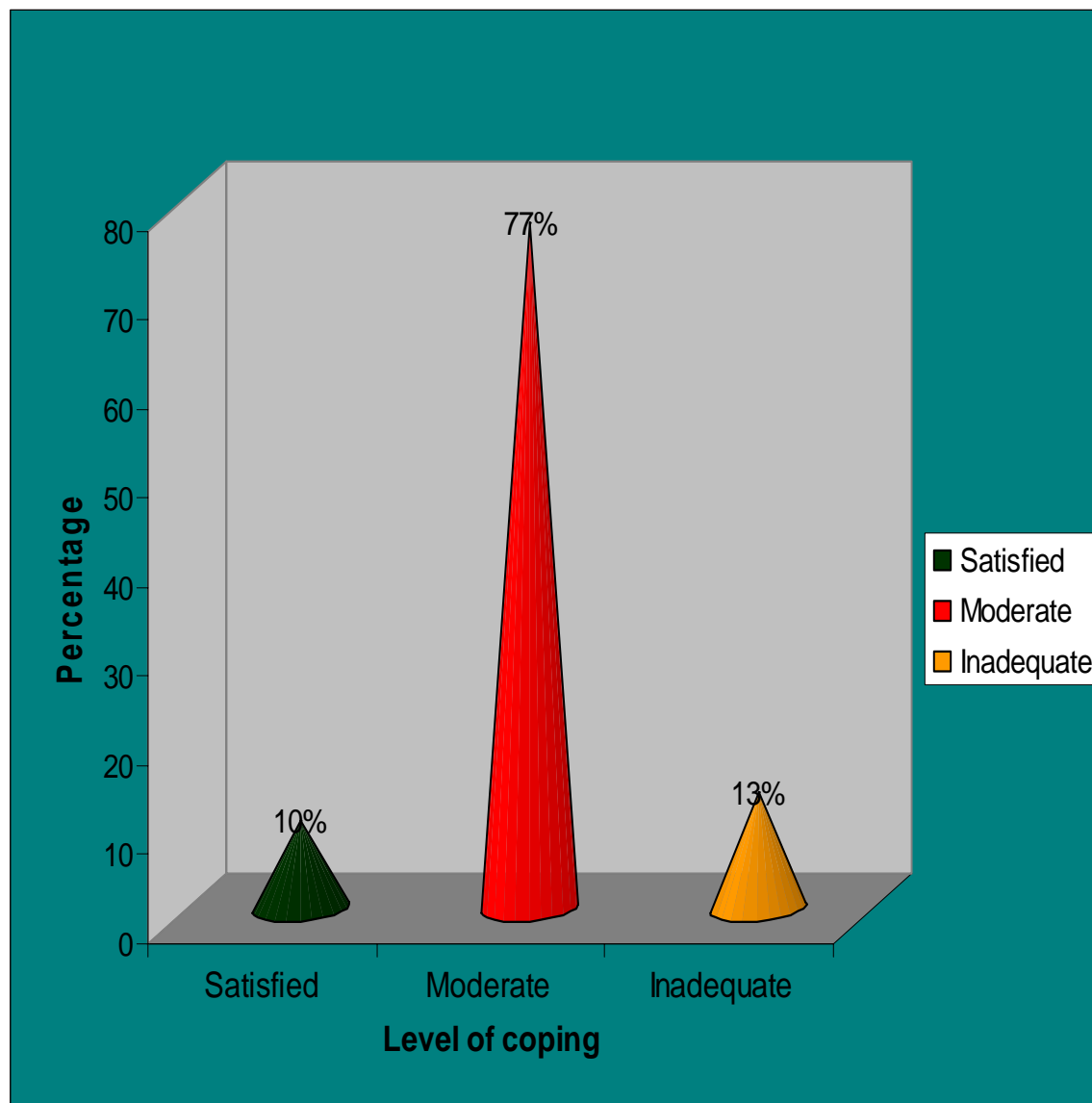


TABLE- IV

Mean, Standard deviation, correlation co-efficient of adjustment problems and coping strategies of adolescents residing in orphanages

S.No	Category	Mean	Standard deviation	Correlation co-efficient 'r'
1	Adjustment problems	21.8	4.96	0.496
2	Coping strategies	31.1	7.7	

Table -IV indicates that there is a relationship between adjustment problems and coping strategies among adolescents residing in orphanages($r = 0.496$).

To find out the relationship between adjustment problems and coping strategies correlation was used. The computed 'r' value is +0.496. The positive correlation was found between adjustment problems and coping strategies among adolescents.

TABLE- V

Association between adjustment problems and demographic variables of adolescents

N=100

S.No	Demographic variables	Severe level adjustment problem	Moderate level adjustment problem	Mild level adjustment problem	X ²
1	Age (in yrs): a) 12 to 13 b) 14 to 15 c) 16 to 18	1 6 6	21 22 27	5 5 7	9.905*
2	Sex: a) Male b) female	10 4	56 13	14 4	0.758#
3	Educational status: a) middle school b) High school c) Higher secondary	0 7 7	20 22 27	4 6 7	11.915*
4	Religion: a) Hindu b) Christian c) Muslim d) Others	6 8 0 0	8 61 0 0	1 16 0 0	3.255#
5	Dietary habits: a) vegetarian b) Non vegetarian	0 14	3 66	2 15	6.519*
6	Interest and hobbies: a) Studying b) Playing with friends c) Reading books d) Others	3 8 2 0	24 18 26 2	6 7 4 0	8.063#
7	Favorite subject: a) Tamil/ English b) Maths c) Science d) Others	8 2 4 0	32 8 28 1	7 2 7 1	25.619*

8	Most admirable person: a) Parents b) Guardians c) Friends d) Others	11 0 3 0	59 0 9 1	17 0 0 0	4.049#
9	Favorite color: a) Red b) Green c) Yellow d) Others	4 4 2 4	32 16 9 12	5 2 1 9	10.324#
10	Blood group: a) A & B Positive b) A & B Negative c) O Positive & Negative d) AB Positive & Negative e) Don't know	2 0 5 0 7	4 2 12 1 50	1 1 1 0 14	7.606#

* **SIGNIFICANT**

NOT SIGNIFICANT

Table V- shows the association between coping and demographic variables among adolescence residing in orphanages. The result shows that the calculated value for coping and demographic variables such as age, educational status, dietary habits, and favorite subject were greater than the table value. So it is concluded that there is a **significant association** between adjustment problems and demographic variables such as age, educational status, dietary habits, and favorite subject.

The calculated value is less than the tabulated value for sex, religion, interest and hobbies, most admirable person, blood group and favorite color. So there is **no association** between adjustment problems and demographic variables such as sex, religion, interest and hobbies, most admirable person, blood group and favorite color.

TABLE- VI

Association between coping strategies and demographic variables of adolescents

N=100

S.No	Demographic variables	Satisfied level of coping	Moderate level of coping	Inadequate level of coping	X²
1	Age (in yrs) a) 12 to 13 b) 14 to 15 c) 16 to 18	2 3 5	22 27 27	3 3 8	2.846#
2	Sex a) Male b) female	6 4	63 12	11 4	3.666#
3	Education a) middle school b) High school c) Higher secondary	2 3 5	19 29 28	3 3 8	2.564#
4	Religion: a) Hindu b) Christian c) Muslim d) Others	4 6 0 0	11 65 0 0	0 14 0 0	9.861#
5	Dietary habits: a) vegetarian b) Non vegetarian	0 10	5 72	0 13	1.571#
6	Interest and hobbies a) Studying b) Playing with friends c) Reading books d) Others	3 5 2 0	25 25 24 2	5 3 6 0	13.393*
7	Favorite subject a) Tamil/ English b) Maths c) Science d) Others	5 2 3 0	36 10 28 2	6 0 8 0	6.571#

8	Most admirable person a) Parents b) Guardians c) Friends d) Others	10 0 0 0	65 0 11 0	12 0 1 1	13.876*
9	Favorite color a) Red b) Green c) Yellow d) Others	3 4 0 3	32 15 11 18	6 3 1 4	6.138#
10	Blood group a) A & B Positive b) A & B Negative c) O Positive & Negative d) AB Positive & Negative e) Don't know	2 0 3 0 5	4 2 13 1 56	1 1 2 0 10	16.496*

* **SIGNIFICANT**

NOT SIGNIFICANT

Table VI- shows the association between coping and demographic variables among adolescence residing in orphanages. The result shows that the calculated value for coping and demographic variables such as interest and hobbies, most admirable person, and blood group were greater than the table value. So it is concluded that there is a **significant association** between coping strategies and demographic variables such as interest and hobbies, most admirable person, and blood group.

The calculated value is less than the tabulated value for age, sex, educational status, religion, dietary habits, favorite subject, and favorite color. So there is **no association** between coping and demographic variables such as age, sex, educational status, religion, dietary habits, favorite subject, and favorite color.

CHAPTER- V

DISCUSSION

The aim of the study was to assess the adjustment problems and their coping strategies among adolescence residing in orphanages at Christian mission service, Kallupatti, Madurai and Niomi Anbu Illam, Samayanalloor, Madurai, Tamilnadu. Descriptive study design was used. The sample size was 100 and purposive sampling technique was used.

THE OBJECTIVES OF THE STUDY WERE,

1. To find out the adjustment problems of adolescence residing in orphanages.
2. To find out the level of coping strategies of adolescence residing in orphanages.
3. To determine the correlation between the adjustment problems and coping strategies of adolescence residing in orphanages.
4. To find out the association between adjustment problems of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.
5. To find out the association between coping strategies of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.

OBJECTIVE: 1

✍ To find out the adjustment problems of adolescence residing in orphanages.

TABLE II- shows that severe adjustment problems (12%) had seen those who are expecting parental guidance and support and mild adjustment problems seen 17% of adolescents who are not having both the parents and they expected parental love and affection, 71% of adolescents had moderate adjustment problems because of their good peer group relationships and accepting guidance from guardians and also teachers.

The findings were supported by **Simsex Z et.al 2008**. He did a study on emotional and behavioral problems on children reared in orphanages. This study included 674 children and adolescents aged 6-18 years. At the syndrome level, the prevalence of social problems (5.7%-11.7%), thought disorders (7.2%-18.4%), and attention problems (7.7%-31.4%) among the youths in institutional care was higher than among the national sample (1.65-5.8%). **Orkenyi A., Varnai, D., Kokonyei et.al, 2007**, did the study among 662 youths (78% of the sample) could be classified, and 11.2 % (n=74) of these youths were identified as showing poor adjustment patterns.

Saraswati C., 2005. Conducted a Study on Adjustment of Institutionalized Children. The results of the study showed that majority of the institutional children had unsatisfactory social, emotional and educational adjustment and very few of them had good adjustment.

OBJECTIVE: 2

- ✍ To find out the level of coping strategies of adolescence residing in orphanages.

Table III- shows that 77% of adolescents had moderate level of coping because of 85% of adolescents are Christians they did prayer and guidance from religious leaders reduces the severity of adjustment problems, 10% of adolescents had satisfied level of coping, those who are accepting guidance from guardians and having their good peer group relationship and 13% of adolescents not accepting guidance in problematic situations, that adolescents fallen into inadequate level of coping skills.

The findings were supported by **Frydenberg and Lewis; Copeland and Hess, 2005**. The means by which adolescents cope with life stressors are gender specific. Females tend to use social support and emotional expression, while males generally employ more problem-focused strategies. Greater understanding of the way in which fear and self-esteem are related to coping strategies are needed for males and female adolescents as they face changing life stressors during the maturational process.

OBJECTIVE: 3

- ✍ To determine the correlation between the adjustment problems and coping strategies of adolescence residing in orphanages.
- ♠ **H1:** There will be a relationship between adjustment problems and coping strategies among adolescents residing in orphanages.

Table -IV indicates that there is a positive correlation between adjustment problems and coping strategies among adolescents

residing in orphanages($r = 0.496$). To find out the relationship between adjustment problems and coping strategies correlation was used. The computed 'r' value is + 0. 496. The positive correlation was found between adjustment problems and coping strategies among adolescents.

OBJECTIVE: 4

✍ To find out the association between adjustment problems of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.

♠ **H2:** There will be a significant association between the adjustment problems of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject and admirable persons, favorite color and blood group.

Table V- shows the association between coping and demographic variables among adolescence residing in orphanages. The result shows that the calculated value for coping and demographic variables such as age, educational status, dietary habits, interest and hobbies, favorite subject, and favorite color were greater than the table value. So it is concluded that there is a **significant association** between adjustment problems and demographic variables such as age, educational status, dietary habits, and favorite subject.

The findings were supported by **Hunshal and V. Gaonkar, 2005**. A Study on Adjustment of Institutionalized Children. The present study further indicated significant association between

academic performance and social, emotional, and educational adjustment of children.

OBJECTIVE: 5

- ✍ To find out the association between coping strategies of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.
- ♠ **H3:** There will be a significant association between the coping strategies of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject and admirable persons, favorite color and blood group.

Table VI- shows the association between coping and demographic variables among adolescence residing in orphanages. The result shows that the calculated value for coping and demographic variables such as religion, interest and hobbies, most admirable person, and blood group were greater than the table value. So it is concluded that there is a **significant association** between coping strategies and demographic variables such as interest and hobbies, most admirable person, and blood group.

CHAPTER- VI

SUMMARY AND RECOMMENDATIONS

This chapter deals with the summary of the study and conclusions. It classifies the implications for further research in the field.

SUMMARY:-

The purpose of the study was to assess the adjustment problems and their coping strategies among adolescents residing in orphanages of selected orphanages at Madurai

OBJECTIVES OF THE STUDY:-

1. To find out the adjustment problems of adolescence residing in orphanages.
2. To find out the level of coping strategies of adolescence residing in orphanages.
3. To determine the correlation between the adjustment problems and coping strategies of adolescence residing in orphanages.
4. To find out the association between adjustment problems of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.
5. To find out the association between coping strategies of adolescence residing at orphanages with demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject, most admirable person, favorite color and blood group.

Based on the objectives, hypotheses were formulated to find out the statistical significance.

- ❖ **H1:** There will be a relationship between adjustment problems and coping strategies among adolescents residing in orphanages.
- ❖ **H2:** There will be a significant association between the adjustment problems of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject and admirable persons, favorite color and blood group.
- ❖ **H3:** There will be a significant association between the coping strategies of adolescents residing in orphanages with selected demographic variables such as age, sex, education, religion, dietary habits, interest and hobbies, favorite subject and admirable persons, favorite color and blood group.

A descriptive research method was undertaken to assess the level of adjustment problems and their coping strategies among adolescents residing in orphanages. The study was conducted at Christian Mission Service, Kallupatti, Madurai and Niomi Anbu Illam, Samayanalloor, Madurai. The data were collected from 100 adolescents who fulfill the inclusion criteria by purposive convenient sampling technique.

The research tool consisted of demographic data, modified Bell's adjustment inventory, modified coping checklist (Rao, Subbhakrishna and Prabhu). The tools were found valid and reliable through pilot study. The planned health education, counseling, group therapy were given regarding adjustment problems and their coping strategies to the adolescence.

The review of literature enabled the investigator to develop the conceptual framework. The study was based on Sister Callista Roy's adaptation model to assess the adjustment problems and coping strategies of adolescents residing in orphanages.

Based on hypotheses, objectives and assumption data were analyzed by using both descriptive and inferential statistics.

MAJOR FINDINGS OF THE STUDY:-

The study findings show that,

- ✧ It was found that 27% of adolescents were in the age between 12-13 years, 33% were 14-15 years, 33% were 14-15 years, and 40% were 16-18 years adolescents.
- ✧ Regarding sex, 80% of adolescents were males, and 20% were females
- ✧ Among Religion, majority (85%) of adolescents was Christian and 15% adolescents were Hindus.
- ✧ In dietary habits of adolescents reveals that 94% were non-vegetarian and 6% were vegetarian.
- ✧ Majority (87%) of adolescents admired by parents, 12% were by friends and only 1% adolescents by teachers and none of them admired by guardians.
- ✧ The result shows that the level of adjustment problems in order mild level of adjustment (17%), moderate level of adjustment (71%), severe adjustment problems (12%).
- ✧ The result reveals that the coping strategies of adolescents in order moderate level (77%), satisfied level (10%), and 13% of adolescents had inadequate level of coping.

- ✧ There is a positive correlation between the adjustment problems and their coping strategies among adolescents residing in orphanages.
- ✧ There is no association between adjustment problem and demographic variables such as sex, religion, most admirable person, blood group.
- ✧ But there is a significant association between adjustment problems and demographic variables such as age, educational status, dietary habits, interest and hobbies, favorite subject, and favorite color.
- ✧ There is no association between coping and demographic variables such as age, sex, educational status, dietary habits, favorite subject, and favorite color.
- ✧ There is a significant association between coping strategies and demographic variables such as religion, interest and hobbies, most admirable person, and blood group.

IMPLICATIONS:

Nursing is a dynamic process, which involves quality based practices, scientific body of knowledge and dissemination of research knowledge into practices. Nursing professional find out the health promotion very relevant because it applies across the span and useful on a variety of settings. So, the present study adds major implications into various areas of nursing it help the adolescents to cope up with the difficult situation in life and prevent the adjustment problems. The findings of the study have several implications for the following fields.

NURSING PRACTICE:

- ✿ Since adolescents focus independently to face many adjustment problems with their home, health, social and emotional life.
- ✿ Nursing personnel are at the best position to identifying such adjustment problems, especially as school health nurse as well as in other areas of nursing services.
- ✿ Information thus obtained can be used in planning interventional strategies specific to adolescents needs.
- ✿ Health education delivered by the nursing personnel helps the adolescents to increase the level of coping related to the adjustment problems.

NURSING EDUCATION:

- ✿ Nursing education should prepare nurses with the potential for imparting information effectively assisting adolescents to overcome the adjustment problems
- ✿ Nursing personnel need to be equipped with adequate knowledge regarding the adjustment problems of adolescents and their coping strategies
- ✿ Nursing personnel working in various health settings may be given in-service education to update their knowledge and abilities in identifying the adolescent's adjustment problems and their coping strategies.
- ✿ Nursing curriculum should incorporate problems faced by adolescents and their coping strategies. So that better understanding and skill could be developed by the nursing student.

NURSING ADMINISTRATION:

- ✿ Nursing administration should organize in service education program for staff nurses and encourage them to participate in these activities. She should take an effective role to organize the awareness programme about mental illness and importance of being compliant.
- ✿ The findings of the study could be utilized as a basis for the nurse administrators in prioritizing the highly lacking of knowledge and attitude of adolescents adjustment problems and their coping strategies.
- ✿ These findings will help the administrators to plan in-service education programmes regarding adjustment problems and their coping strategies for the health professionals.

NURSING RESEARCH:

- ✿ It is essential to identify adjustment problems and their coping strategies of adolescents
- ✿ Extensive research must be conducted in this area and to identify several adjustment problems and their coping strategies in more effective methods.
- ✿ This study also brings about the fact that more studies need to be done at different settings and age groups.
- ✿ This study can be a baseline for the future studies to build upon.

RECOMMENDATIONS:

- ♣ A comparative study can be done between rural and urban adolescents
- ♣ A comparative study can be done between adolescents residing in orphanages and home with large sample.
- ♣ A similar study can be conducted with large sample.
- ♣ Study can be done using different methods of teaching.
- ♣ A similar qualitative study can be done among pre school children.
- ♣ An Explorative study can be done to assess the behavioral and emotional problem of adolescents residing in orphanages.
- ♣ Further studies can be conducted on knowledge and practice of healthy habits among school children in orphanages.

CONCLUSION:

Majority adolescents had moderate adjustment problems because their peer group relationships and accepting guidance from guardians and also teachers and most of the adolescents had moderate level of coping skills because of 85% of adolescents are Christians they did prayer and guidance from religious leaders that reduces the severity of adjustment problems. Severe adjustment problems had seen those who are expecting parental guidance and support and also they are expected parental love and affection, some adolescents not accepting guidance in problematic situations, that adolescents fallen into inadequate level of coping skills. Few adolescents had satisfied level of coping because they are accepting guidance from guardians and having their good peer group relationship.

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- ✍ www.google.com
- ✍ www.yahoo.com
- ✍ www.sciencedirect.com

APPENDIX-I

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY OF THE TOOL

From

Ms. Meribha Christy. C,
M.Sc.Nursing – II year,
Matha College of nursing,
Manamadurai.

To

Respected madam/ sir,

Sub: Requesting expert's opinion and suggestion for content validity of the tool.

I am a second year Master Degree Nursing student in Matha College of nursing, Manamadurai. In Partial fulfillment of Master Degree in Nursing, I have selected the topic mentioned below for the research project to be submitted to the Tamilnadu Dr.MGR Medical University, Chennai.

“A study to assess the adjustment problems and their coping strategies among adolescence residing in orphanages at selected areas of Madurai.”

I request you to kindly validate the tool and give your expert opinion and necessary modification Also I would be very grateful if you could correct the problem statement and the objectives.

ENCL: Introduction, need for the study, problem statement, objectives, hypothesis, methodology, description of the tool.

PART A: Socio demographic profile

PART B: Bell's adjustment inventory (modified)

PART C: Coping checklist,-Rao, Subbhakrishna & Prabhu, 1989, (modified)

Thanking you.

Place: Manamadurai
Date:

Yours faithfully,

Meribha Christy.C

APPENDIX-II

List of experts consulted for the content validity of research tool

1. Dr. Babu, MBBS, MD
Psychiatrist, NIMHANS, Bangalore.
2. Dr. (Mrs). K. Reddemma, M.Sc (N), PhD
Professor of mental health nursing
College of nursing, NIMHANS
Bangalore
3. Dr. Nagarajaiah, M.Sc (N), PhD
Professor of mental health nursing
College of nursing, NIMHANS
Bangalore
4. Dr. Ramachandra, M.Sc (N), PhD
Professor of mental health nursing
College of nursing, NIMHANS
Bangalore.
5. Mr. Radhakrishnan, M.Sc (N), PhD
P.D. Bharatesh College of nursing
Halaga, Belgaum, Karnataka.
6. Dr. Parthasarathy, M.Phil, PhD
Professor in psychiatric social work department
NIMHANS, Bangalore.
7. Dr. Jamuna, M.Phil, PhD
Psychologist
NIMHANS, Bangalore.

APPENDIX-III
LETTER SEEKING PERMISSION TO CONDUCT STUDY

To

The Chairman,
Christian Mission Service,
Kallupatti, Perayoor Taluk
Madurai
Tamilnadu

Respected Sir/ madam,

Sub: Matha College of nursing, Manamadurai- project work of
M.Sc.Nursing student in selected areas of Madurai.

We wish to state that Ms. Meribha Christy. C a Final year M.Sc
(N) student has to conduct a research project in partial fulfillment of
university requirements.

The topic of research is **“A study to assess the adjustment
problem and their coping strategies among adolescents residing in
orphanages at selected areas of Madurai”**

We request you to kindly permit her to do the research in your
esteemed institution under your valuable suggestion.

Thanking you.

Yours faithfully,

Principal

APPENDIX- IV

PART –I

The questionnaire consists of items related to the demographic variables. Kindly put a tick mark [] for the most appropriate answer

SOCIO DEMOGRAPHIC PROFILE:

Sample no: _____

- | | | |
|--------------------|---------------------|--------|
| 1. Age: | a) 12-13 years | [] |
| | b) 14-15 years | [] |
| | c) 16-18 years | [] |
| 2. Sex: | a) Male | [] |
| | b) Female | [] |
| 3. Education: | a) Middle school | [] |
| | b) High school | [] |
| | c) Higher secondary | [] |
| 4. Religion: | a) Hindu | [] |
| | b) Christian | [] |
| | c) Muslim | [] |
| | d) Others (specify) | [] |
| 5. Dietary habits: | a) Vegetarian | [] |
| | b) Non vegetarian | [] |

6. Interest and hobbies:

a) Studying	[]
b) Playing with friends	[]
c) Reading books	[]
d) Others (specify)	[]

7. Favorite subject:

a) Tamil/ English	[]
b) Maths	[]
c) Science	[]
d) Others (specify)	[]

8. Most admirable person:

a) Parents	[]
b) Guardian	[]
c) Friends	[]
d) Others (specify)	[]

9. Favorite color : a) Red []
 b) Green []
 c) Yellow []
 d) Others (specify) []

10. Blood group : a) 'A /B' positive []
b) 'A /B' negative []
c) 'O' positive/ negative []
d) AB positive /negative []
e) Don't know []

PART- II

Please indicate your most appropriate answer to each question by put tick mark on 'yes' or 'no' column.

Modified Bell's adjustment inventory-student form (Hugh M.Bell, 1934)

S.No	Inventory	Yes	No
1.	Did you ever have a strong desire to run away from home?		
2.	Do you sometimes feel that your guardian is disappointed in you?		
3.	Do you feel there is a lack of real affection and love in your home?		
4.	Have you felt that your friends have had a happier home life than you have?		
5.	Has either of your guardians frequently found fault with your conduct?		
6.	Do you feel that your guardians have been unduly strict with you?		
7.	Have the actions of either of your guardians aroused feelings of great fear in you at times?		
8.	Do you occasionally have conflicting moods of love and hate for members of your family?		
9.	Have you often felt that either of your guardians did not understand you?		

10.	Have you disagreed with your about your life/ work?		
11.	Do you have many headaches?		
12.	Do you sometimes have difficulty getting to sleep even when there are no noises to disturb you?		
13.	Have you ever had a surgical operation?		
14.	Do you feel fatigued when you get up in the morning?		
15.	Has it been necessary for you to have frequent medical attention?		
16.	Do you frequently get attacks of indigestion?		
17.	Do you frequently experience nausea, vomiting or diarrhea?		
18.	Were you ill much of the time during your childhood?		
19.	Have you frequently been absent from school because of illness?		
20.	Do you have teeth that you know need dental attention?		
21.	Are you troubled by shyness?		
22.	Do you have difficulty in starting a conversation with a person to whom you have just been introduced?		
23.	Have you frequently known the answer to a question in class but failed to answer when questioned because you were afraid of speaking out before the class?		
24.	Do you find it difficult to speak in public?		

25.	Are you sometimes the leader of a social affair?		
26.	If you come late to a meeting, would you rather stand or leave than take a front seat?		
27.	Do you find that you tend to have very few close friends?		
28.	Do you feel embarrassed if you have to ask permission to leave a group of people?		
29.	Does it upset you considerably to have a teacher call on you unexpectedly?		
30.	Do you hesitate to enter a room by yourself when a group of people are sitting around the room talking together?		
31.	Do you day dream frequently?		
32.	Do you frequently feel depressed?		
33.	Do you often feel lonely even when you are with people?		
34.	Are you frightened by lightening?		
35.	Have you frequently been depressed because of low marks in school?		
36.	Are you often sorry for the things you do?		
37.	Do you get angry easily?		
38.	Are you troubled with feeling of inferiority?		
39.	Does the criticism disturb you very much?		
40.	Dose it frighten you to be alone in the dark?		

PART C

Coping checklist, (Rao, Subbhakrishna & Prabhu, 1989)

Please indicate your most appropriate answer to each question by put tick mark on 'yes' or 'no' column.

S.No	Checklist	Yes	No
1	You go over the problem again and again in your mind to try and understand it.		
2	Anticipate probable outcomes and mentally rehearse them.		
3	Come up with a couple of solutions to the problem.		
4	Pace up and down thinking about the problem.		
5	You know what has to be done ,so you double your efforts and try harder to make things work		
6	Analyze the problem and solve it bit by bit.		
7	Make a plan of action to follow it.		
8	Read popular guide books for answers to your problem.		
9	Draw on your past experiences of similar situations.		
10	Write to question- answer column in various magazines.		
11	Try to avoid or forget the stress by taking a vacation		
12	Go shopping		

13	Engage in vigorous physical exercises, games etc		
14	Go for long walks		
15	Listen to music for comfort		
16	Start yoga or meditation; practice yoga or meditation		
17	Help others in trouble or distress(social services)		
18	Write short stories, poetry etc		
19	Read novels, magazines etc much more than usual.		
20	See more movies than usual		
21	Try to feel better by taking drugs (mood elevating)		
22	Try your luck at games of chances (races, lottery, cards etc)		
23	Try to make yourself better by having a drink (alcohol)		
24	Make yourself better by smoking		
25	Swallow minor analgesic tranquillizers, not on medical advice.		
26	Sleep more than usual to avoid the problem		
27	Try to feel better by eating, nibbling or chewing gum.		
28	Take a big chance or do something very risky		
29	Compare yourself with others and feel that you are better off		
30	Console yourself that things are not all that bad and could be worse		

31	Go to a quiet, favorite spot to think things over		
32	Accept the next best thing to what you wanted		
33	Make light of the situation; refuse to get too serious about it		
34	Feel that time will remedy things; the only thing to do is to wait.		
35	Prepare yourself for the worst to come		
36	Feel that what has happened is for your own good		
37	Keep your feelings to yourself		
38	Visit places of worship or go on a pilgrimage		
39	Wear a lucky charm or amulet		
40	Pray to god		
41	Consult a faith healer		
42	Attend religious or philosophical discourses or talks		
43	Consult an astrologer		
44	Make a special offering or perform special poojas.		
45	Read books on philosophy or religion		
46	Wish that you could change what has happened		
47	Think about fantastic or unreal things to feel better		
48	Blame your fate; sometimes you just have bad luck		
49	Try to forget about the whole thing		

50	Avoid being with people; seek complete isolation		
51	Hope a miracle will happen		
52	View the future as hopeless		
53	Blame yourself		
54	Compare yourself with others and feel that you are worse off than them		
55	Feel that other people are responsible for what has happened		
56	Talk to some family members who can do something concrete about the problem		
57	Seek assurance and support from friends		
58	Talk to a friend who can do something about the problem		
59	Write letters to significant others		
60	Seek professional help and do as they recommend		

பகுதி - 1
தனி நபர் அளவீடு

1. வயது (வருடங்களில்)
அ) 12-13 ஆ) 14-15 இ) 16-18
2. பாலினம்
அ) ஆண் ஆ) பெண்
3. படிப்பு
அ) நடுநிலைப்பள்ளி ஆ) உயர்நிலைப்பள்ளி
4. மதம்
அ) இந்து ஆ) கிறிஸ்துவம் இ) இஸ்லாம்
ஈ) மற்றவை (குறிப்பிடுக.....)
5. உணவுப் பழக்கம்
அ) வைசம் ஆ) அசைவம்
6. விருப்பமும், பழக்க வழக்கமும்
அ) படித்தல் ஆ) நண்பர்களுடன் விளையாடுதல்
இ) புத்தகம் வாசித்தல்
ஈ) மற்றவை (குறிப்பிடுக.....)
7. பிடித்தமான பாடம்
அ) தமிழ் / ஆங்கிலம் ஆ) கணிதம் இ) அறிவியல்
ஈ) மற்றவைகள் (குறிப்பிடுக.....)
8. பிடித்தமான நபர்கள்
அ) பெற்றோர்கள் ஆ) விடுதி பாதுகாப்பாளர் / பொறுப்பாளர்
இ) நண்பர்கள் ஈ) மற்றவை (குறிப்பிடுக.....)
9. பிடித்தமான நிறம்
அ) சிவப்பு ஆ) பச்சை
இ) மஞ்சள் ஈ) மற்றவை (குறிப்பிடுக.....)
10. இரத்த பிரிவு
அ) A&B பாசிடிவ்
ஆ) A&B நெகட்டிவ்
இ) O பாசிடிவ் & நெகட்டிவ்
ஈ) AB பாசிடிவ் & நெகட்டிவ்

பகுதி -2

பின்வரும் கேள்விகளை மிகக் கவனமாக வாசித்து புரிந்து கொண்டு உங்கள் பதில்களை தவறாமல் “ஆம்” அல்லது “இல்லை” என்ற கட்டத்தின் கீழ் (✓) குறியீட்டால் குறிப்பிடவும்.

வ. எண்.	கேள்விகள்	ஆம்	இல்லை
1.	ஏதாவது ஒரு சூழ்நிலையில் காப்பகத்தை விட்டு வெளியேறும் எண்ணம் தோன்றியதுண்டா?		
2.	உங்களது காப்பகத்தில் உண்மையான அன்பும் அரவரணைப்பும் குறைவும் என்று நினைத்ததுண்டா?		
3.	உங்களை விட உங்கள் நண்பர்கள் அதிக சந்தோஷமாக இருக்கிறார்கள் என்று நினைத்ததுண்டா?		
4.	உங்கள் பாதுகாப்பாளர் உங்களது நடவடிக்கைகளில் அடிக்கடி தவறுகள் கண்டுபிடித்ததுண்டா?		
5.	உங்கள் பாதுகாப்பாளர் மிகவும் கண்டிப்பானவர் என்று வருத்தப்பட்டதுண்டா?		
6.	எப்பொழுதாவது முரண்பாடான மனநிலையுள்ள அன்பும், வெறுப்பும் காப்பக நண்பர்களிடம் உங்களுக்கு தோன்றியதுண்டா?		
7.	உங்கள் பாதுகாப்பாளர் உங்கள் மனதை புரிந்து கொண்டதேயில்லை என்று வருத்தப்பட்டதுண்டா?		
8.	பாதுகாப்பாளரின் செயல்கள் சில நேரங்களில் உங்களை பயப்பட செய்ததுண்டா?		
9.	உங்கள் பாதுகாப்பாளர் உங்களது செயல்களால் அதிருப்தி அடைந்ததுண்டா?		
10.	உங்கள் வாழ்க்கை முறைகளையும் வேலைகளையும் உங்கள் பாதுகாப்பாளர் ஒத்துக் கொள்ளாதவரா?		
11.	அடிக்கடி தலைவேதனையை சந்தித்ததுண்டா?		
12.	இரவில் எந்தவொரு தொந்தரவும் இல்லாத போதும் தூக்கம் வரமால் தவித்ததுண்டா?		
13.	காலை நேரம் எழும் போது சோர்வாக உணர்ந்ததுண்டா?		
14.	எப்பொழுதாவது அறுவை சிகிச்சை செய்து கொண்டதுண்டா?		
15.	அதிக மருத்துவ பரிசோதனை தேவை என்று நீங்கள் நினைத்ததுண்டா?		
16.	அஜீரணத்தினால் அடிக்கடி பாதிக்கப்பட்டதுண்டா?		
17.	வாந்தி, குமட்டல், மற்றும் வயிற்றுப்போக்கு அடிக்கடி ஏற்பட்டதுண்டா?		
18.	உங்கள் சுகவீனத்தினால் பள்ளிக்கு செல்லாமல் அடிக்கடி விடுமுறை எடுத்ததுண்டா?		

19.	சிறுவயதில் அதிக நாட்கள் சுகவீனமாக இருந்ததுண்டா?		
20.	பற்களின் பராமரிப்பு எப்பொழுதாவது தேவைப்பட்டதுண்டா?		
21.	நீங்கள் கூச்ச சுபாவம் உள்ளவரா?		
22.	அறிமுகமில்லாத அனைத்து நபரிடம் உரையாடலை தொடங்குவதற்கு சிரமப்பட்டதுண்டா?		
23.	வகுப்பறையில் அனைத்து மாணவர்களின் முன்பு பேச பயந்து தெரிந்து கேள்விக்கான பதில்களை கூறாமல் அமர்ந்திருந்ததுண்டா?		
24.	சமூக கூட்டங்களில் தலைமை வகித்ததுண்டா?		
25.	ஏதேனும் ஒரு கூட்டங்களில் நீங்கள் தாமதமாக சென்றால் முன்புற இருக்கையில் அமராமல் பின்புறம் நின்றதுண்டா?		
26.	பொதுக்கூட்டத்தின் முன் பேச சிரமப்பட்டதுண்டா?		
27.	குறைவான நெருங்கிய நண்பர்களை தேர்ந்தெடுத்ததுண்டா?		
28.	எதிர்பாரா சமயத்தில் ஆசிரியர் உங்களை அழைக்கும் போது கவலைப்பட்டதுண்டா?		
29.	ஒரு கூட்டம் மக்கள் முன்பு அனுமதி கேட்டு வெளியேற முடியாமல் இக்கட்டான சூழ்நிலையில் தவித்ததுண்டா?		
30.	ஒரு கூட்டம் மக்கள் அறையில் அமர்ந்து பேசிக் கொண்டிருக்கும் பொழுது உள்ளே செல்ல தயக்கம் காண்பித்ததுண்டா?		
31.	அடிக்கடி பகற்கனவு காண்பதுண்டா?		
32.	அடிக்கடி மனச்சோர்வு அடைவதுண்டா?		
33.	நண்பர்களுடன் இருக்கும் பொழுது தனிமையாக இருப்பதாக உணர்ந்ததுண்டா?		
34.	மின்னலை கண்டு பயப்பட்டதுண்டா?		
35.	பள்ளியில் குறைவான மதிப்பெண்கள் எடுத்தால் மனச்சோர்வு அடைவதுண்டா?		
36.	நீங்கள் செய்யும் சில தவறான செயல்களுக்கு யாரிடமாவது மன்னிப்பு கேட்டதுண்டா?		
37.	எளிதில் கோபப்படுவதுண்டா?		
38.	தாழ்வுமனப்பான்மை உங்களிடம் உண்டா?		
39.	யாராவது உங்களை குறைகூறும் போது நீங்கள் அதிகமாக வருத்தப்பட்டதுண்டா?		
40.	இருட்டில் தனியாக நிற்கும் போது அதிகமாக பயப்பட்டதுண்டா?		

பகுதி -3

பின்வரும் கேள்விகளை மிகக் கவனமாக வாசித்து புரிந்து கொண்டு உங்கள் பதில்களை தவறாமல் ஆம் அல்லது இல்லை என்ற கட்டத்திற்குள் அடையாளமிடவும் உங்கள் பதில்கள் உண்மையானதாக இருக்கவும் மனச்சாட்சியின்படி பதிலளிக்குமாறு கேட்டுக்கொள்கிறேன்.

வ. எண்.	கேள்விகள்	ஆம்	இல்லை
1.	பிரச்சனை திரும்பத் திரும்ப மனதில் யோசித்து ஆராய்ந்து புரிந்து கொள்ள முயற்சிப்பேன்.		
2.	என்ன நடக்கும் என்பதை தெரிந்து கொண்டு மனதளவில் தயாராக இருப்பேன்		
3.	பிரச்சனைகளுக்கு ஏற்ற இரட்டிப்பான தீர்வை கண்டு பிடிப்பேன்		
4.	பிரச்சனைகளை ஆராய்ந்து அலசிப் பார்ப்பேன்		
5.	என்ன நடந்தது என்பதை புரிந்து கொண்டு அதனை சரிப்படுத்த இரண்டு மடங்காக உழைப்பேன்		
6.	பிரச்சனைகளை புரிந்து கொண்டு கொஞ்சம் கொஞ்சமாக தீர்வு காண்பேன்		
7.	செயல்திட்டம் வகுத்து அதனை பின் தொடர்வேன்		
8.	அறிவுரை தரும் புத்தகங்களை படித்து பிரச்சனைகளுக்கு பதிலை தெரிந்து கொள்ளுவேன்		
9.	முன்னர் நிகழ்ந்த சம்பவங்களின் தொகுப்பை நினைவில் வைத்துக்கொள்வேன்.		
10.	கட்டுரைத் தொகுப்பு புத்தகங்களின் வரும் கேள்வி பதில்களை எழுதி வைத்துக் கொள்வேன்		
11.	மன அழுத்தத்தை தவிர்க்க விடுமுறை எடுத்துக் கொள்வேன்		
12.	கடைவீதிக்குச் செல்வேன்		
13.	உடற்பயிற்சிகளிலும் , விளையாட்டுகளிலும் கவனம் செலுத்துவேன்.		
14.	நீண்ட தூரம் நடைபயணம் செல்வேன்		
15.	மன அமைதிக்காக இசையை ரசிப்பேன்		
16.	தியானப் பயிற்சி செய்வேன்		
17.	கஷ்டப்படுகிறவர்களுக்கு உதவி செய்வேன் (சமூக சேவை)		
18.	சிறுகதைகள் நாவல் எழுதுவேன்		

19.	நாவல் மற்றும் கட்டுரை புத்தங்களை வழக்கத்திற்கு அதிகமாக வாசிப்பேன்		
20.	திரைப்படங்களை வழக்கத்திற்கு அதிகமாக பார்ப்பேன்		
21.	மருந்து மாத்திரைகளை உபயோகிக்க முயற்சி செய்வேன்		
22.	பந்தயங்களிலோ, லாட்டரி சீட்டுகளிலோ அதிர்ஷ்டம் உண்டா என்று அறிய முயற்சிப்பேன்		
23.	மது அருந்துவது நல்லது என்று நினைத்து மது அருந்த முயற்சிப்பேன்		
24.	புகைப்பிடிப்பது நல்ல பழக்கம் என கருதி அதனை தொடர நினைப்பேன்		
25.	மருத்துவர் அனுமதி இன்றி வலி நிவாரண மருந்து மாத்திரைகளை எடுத்துக்கொள்வேன்		
26.	பிரச்சனைகளை தவிர்க்க வழக்கத்திற்கும் அதிகமாக தூங்குவேன்		
27.	உணவு உட்கொள்வதும் சூயிங்கம் சுவைப்பது நல்லது என்று எண்ணி அதனை தொடர முயற்சிப்பேன்.		
28.	கடினமான வேலைகளை செய்வதை பெரிய அவகாசமாக எடுத்துக் கொள்வேன்		
29.	மற்றவர்களுடன் ஒப்பிட்டுப் பார்த்து, நம் பிரச்சனைகள் பரவாயில்லை என்று நினைத்துக் கொள்வேன்.		
30.	எல்லா பிரச்சனைகளையும் கெட்டது என்று நினைக்காமல் என்னை நானே சமாதானப்படுத்திக் கொள்வேன்.		
31.	அமைதியான மிகவும் பிடித்தமான இடத்திற்கு சென்று நிகழ்ந்த சம்பவங்களை நினைத்துப் பார்ப்பேன்		
32.	அடுத்து என்ன தேவையோ அதை ஏற்றுக் கொண்டு சிறப்பாக செய்து முடிப்பேன்		
33.	பிரச்சனைகளை அபாயகரமற்றது என்று நினைத்து ஒதுக்கிவிட்டு நிலைமையை மிகச் சிறந்ததாக மாற்றுவேன்		
34.	காலம் பதில கொடுக்கும் என்று எண்ணி காத்திருப்பேன்		
35.	சூழ்நிலை மிக மோசமாக வருமுன்பே என்னை தயார்படுத்திக் கொள்வேன்.		
36.	எனக்கு என்ன நிகழ்கிறதோ அதையெல்லாம் நல்லவைகள் என்றே நினைத்துக்கொள்வேன்		
37.	எனது எண்ணங்களை யாரிடமும் கூறாமல் என மனதிற்குள்ளேயே வைத்துக் கொள்வேன்.		
38.	மன அமைதிக்காக புனித யாத்திரை மேற்கொள்வேன்		
39.	அதிர்ஷ்டம் தரும் கயிறுகளையோ, மோதிரங்களையோ அணிந்து கொள்வேன்.		
40.	கடவுளிடம் பிரார்த்தனை செய்வேன்		

41.	குணமளிக்கம் நம்பிக்கை உள்ள ஒருவரிடம் கலந்து ஆலோசிப்பேன்.		
42.	ஆன்மீக சம்பந்தமான சொற்பொழிவுகளை கேட்க செல்வேன்		
43.	ஜோதிடரை கலந்து ஆலோசிப்பேன்		
44.	காணிக்கை கொடுக்கவோ, அல்லது சிறப்பான பூஜைகளையோ ஒழுங்கு செய்வேன்		
45.	ஆன்மீக சம்பந்தமான புத்தங்களை வாசிப்பேன்		
46.	நிகழ்ந்த சம்பவங்களை எனக்கு விருப்பமான போல் மாற்ற முயற்சிப்பேன்		
47.	அதிசயமான, நிகழமுடியாத சம்பவங்களை நடந்தால் நல்லது என்று கற்பனை செய்வேன்		
48.	தூரதிர்ஷ்டம் என்றும் விதியென்றும் குறை கூறிக்கொள்வேன்		
49.	எல்லா சம்பவங்களையும் மறக்க முயற்சிப்பேன்		
50.	எல்லாருடனும் சேர்ந்து இருப்பதை தவிர்த்து தனிமையை தேர்ந்தெடுப்பேன்		
51.	அற்புதம் நடக்கும் என்று நம்புவேன்		
52.	எதிர்காலம் நம்பிக்கையற்றது என்று எண்ணுவேன்		
53.	என்னையே குறைபட்டுக் கொள்வேன்		
54.	மற்றவர்களுடன் ஒப்பிட்டுப் பார்த்து என்னையே மிக மோசமாக நினைத்துக்கொள்வேன்		
55.	நிகழ்ந்த சம்பவங்களுக்கு மற்றவர்களே பொறுப்பு என்று எண்ணிக் கொள்ளுவேன்		
56.	பிரச்சனைகளை தீர்க்க உதவும் குடும்ப உறுப்பினர்களுடன் கலந்து ஆலோசிப்பேன்		
57.	மன அமைதியையும், சமாதானத்தையும் நண்பர்களிடமிருந்து எதிர்பார்ப்பேன்		
58.	தெரிந்தவர்களுக்கு கடிதம் எழுதுவேன்		
59.	பிரச்சனைகளை தீர்க்கும் திறமையான நபர்களிடம் உதவியை நாடுவேன்		
60.	நண்பர்களிடம் கலந்து ஆலோசித்து பிரச்சனைகளை தீர்க்க முயற்சிப்பேன்.		

SELF INSTRUCTIONAL MODULE (English)

Regarding adjustment problems:-

Home Adjustment problems:

- ✍ Disappointment
- ✍ Lack of love and affection
- ✍ Unhappy life
- ✍ Strict Guardian
- ✍ Peer group conflicts
- ✍ Run away from home

Health adjustment problems

- ✍ Diseases, Operations or accidents
- ✍ Visual difficulties
- ✍ Sleeplessness
- ✍ Digestion and elimination problems
- ✍ Head ache and pain
- ✍ History of absence from school
- ✍ Skin diseases

Social adjustment problems

- ✍ Shyness
- ✍ Accepting leadership roles
- ✍ Speaking before groups
- ✍ Making friends

Emotional adjustment problems

- ✍ Day dream and imagine things
- ✍ Depressed feelings from isolation
- ✍ Feeling or guilt
- ✍ Worry, anxiety and nervousness
- ✍ Feelings of inferiority

Regarding Coping strategies:-

Problem solving

- ✧ Understand the problem
- ✧ Find out solution
- ✧ Plan of action
- ✧ Reading guide books

Positive distraction

- ✧ Taking vacation
- ✧ Shopping
- ✧ Exercise and games
- ✧ Long walk
- ✧ Listen music
- ✧ Yoga or Meditation
- ✧ Story writing
- ✧ Novel reading

Acceptance and redefinitions

- ✧ Refuse to go serious
- ✧ Accept the situation

Religion/ faith

- ✧ Pray
- ✧ Worship
- ✧ Wear Lucky amulet
- ✧ Special poojas
- ✧ Read Religious books
- ✧ Seek assurance
- ✧ Writing a letter to others

Problems related to health adjustment

Head ache



Fatigue



Disturbed sleep



Indigestion



Surgery



Problems related to social adjustment

Shyness



Lack of friends



Problems related to emotional adjustment

Day dream



Anger



Depressive feelings



Frightened in dark room



Inferiority complex



Problems related to home adjustment

Run away from home



Disappointment



Lack of love



unhappy life



Strict guardian



Coping Strategies

Understanding



Reading books



Taking Vacation



Exercise



Games



Long walking



Meditation



Prayer



Writing books



Reading novels

